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NOTES ON METAPSYCHOLOGY AS PROCESS THEORY

By MARJORIE BRIERLEY, READING

Concerning the description of psychic processes, Freud (1920; 1) wrote that '. . . a presentation which seeks to estimate, not only the *topographical* and *dynamic*, but also the *economic* element is the most complete that we can at present imagine, and deserves to be distinguished by the term *metapsychological*.'

The topographical method of description was used by Freud in his initial formulations regarding the relation of the unconscious to consciousness and also in his later explanations of id, ego and super-ego inter-relationships. Topographical description is, however, more relevant to brain anatomy and physiology than to psychology. Dynamic and economic terms seem intrinsically more appropriate to the strictly psychological description of mental processes.

The dynamic aspect of a process is its drive; description of this aspect usually involves reference to the intensity and quality of the drive. The economic aspect is the tension-regulating function; that is to say, the changes effected by the process in the endopsychic energy distribution. To describe a process as originating in a heightening of tension and as issuing in a resolution or relaxation of this tension is to describe it from the economic point of view. To-day, the term economic is more frequently used in reference to the distribution of energy between process-systems, the mental organizations, than in reference to individual processes. Since the distribution of energy between systems appears to be effected through the agency of so-called mental mechanisms, these mechanisms may be regarded as processes having specialized economic functions. Such processes regularly issue in endopsychic disposal of excitation and not in motor discharge.

Although the dynamic and economic aspects of a process are distinguishable and can be separately considered, they remain inter-dependent aspects of one process. The economic effect of any given process is intimately connected with the impetus and direction of its drive. It will be evident that metapsychology is not personal history but general theory; it is objective description in impersonal terms of mental processes and their organization, inferred from the study of personal experience and behaviour.

The argument of these 'Notes' is that metapsychology is a process theory of mind. There is nothing original in this argument; it is only an explicit statement of a point of view, a dynamic and economic '*Psyche-Anschauung*', that has been implicit in theory since the publication of *The Ego and the Id* (Freud, 1923). The general theory of psycho-analysis, in its most abstract definition, is a psychology of mental processes and their organization. For such a psychology, mind ceases to be a thing, or entity, and becomes a nexus of activities, a sequence of adaptive responses. The advantages of this point of view to analysis will be illustrated later by its tentative application to some present-day controversial issues. Its general advantage is that it at once relates psycho-analysis to the whole movement of modern scientific thought which is described by Waddington (1944; 48) as a '. . . movement away from analysing into things and towards analysing into processes.' To stress the advantage of recognizing the key concepts of process and organization is not to imply any denigration of more specific hypotheses. The theory of the unconscious, for example, is enhanced rather than diminished in value by inclusion in the process theory of organization; the theory of organization, however, includes all mental processes, conscious and unconscious.

It is true that Freud himself does not appear to have drawn this conclusion in so many words. It is, nevertheless, implicit in his work and has been accepted more or less tacitly by analysts for some time. It is most clearly indicated by comparison and combination of his earlier with his later work. For instance, in 1900, he uses topographical description and mechanical analogy in elaborating what he calls the 'fiction' (Freud 1900, *Revised Trans.;* 550) of the psyche as an apparatus for the regulation of instinct tension. At the same time he leaves no doubt as to the dynamism or the continuity of psychic processes. He writes: 'All our psychic activities proceed from (inner or outer) stimuli and terminate in innervations.' (*Ibid.;* 495.) In another passage he writes of a wish as a 'current in the apparatus' (*ibid.;* 550). Freud's earlier thinking was impeded in some ways by the mental climate of the period, which was mechanistic and associationist. In spite of this, it is difficult to read his chapter on 'The Psychology of the Dream-Processes' (*ibid.;* 470–570) without coming to the conclusion that, for him, the theoretical unit of psychic life was always a complete, dynamic, process.

In 1923, in *The Ego and the Id*, Freud recognized the so-called structure of mind as dependent on organization. He now defines the ego as a ' coherent organization of mental processes ' (1923 ; 15). He attributes the differentiating grade in the ego, thenceforward called the super-ego, to post-Œdipal parental identifications ' in some way combined together ' (*ibid.* ; 44). He contrasts the unorganized id with the organized ego and super-ego. Freud often personified the ego but this habit does not detract from the impersonal objectivity of its definition.

Thus Freud's work provides the key concepts of process and organization. Quotations such as the foregoing point to the conclusion that metapsychology is process theory. They cannot be said to provide adequate proof. The validity of the conclusion has to be tested and its emergence from Freud's work can only be verified by personal study of all his writings.

Melanie Klein (1932 ; 184, n. 2) put forward the view that super-ego formation dates, not from the passing of the Œdipus complex, but from the earliest oral phantasy-incorporations : ' . . . the incorporated object at once assumes the functions of a super-ego '. She also stressed the rôle of introjection and projection in the early phases of development : ' . . . super-ego formation, object-relations and adaptation to reality are the result of an interaction between the projection of the individual's sadistic impulses and the introjection of his objects ' (*ibid.* ; 209). Further reference to the beginning of ego-differentiation, early object-relationship and 'identification' will be made later.

As early as 1914 Freud wrote : ' It is impossible to suppose that a unity comparable to the ego can exist in the individual from the very start ; the ego has to develop ' (1914 ; 34). But, even after 1923, it remained most natural to him to stress the coherence of the ego and he continued to envisage its development mainly as the growth of a unitary ego from weakness to strength. Edward Glover (1932) was the first person to appreciate the developmental significance of the new definition. He suggested that a coherent ego-organization is reached by the progressive integration of more primitive and relatively independent ego-systems, which he termed ' ego-nuclei '. In his most recent paper (1943 ; 12) he concludes that ' structurally, the strength of the ego depends on the degree of integration of various early nuclear components. . . . The weakness of the ego depends on the degree to which early nuclei retain energy and are capable of a degree of autonomic function—in this way preventing mental energies from being distributed amongst more integrated layers.' Edward Glover is, perhaps, most concerned himself with the bearing of his views on clinical pathology, diagnosis and prognosis. His ego-theory is, nonetheless, a process theory and a contribution to meta-psychology.

The process view of mind which emerges from a study of metapsychology is the equivalent in conceptual terms of the complex interplay of subjective urgencies that analysts glimpse from time to time in moments of insight into the directives of personal life. It is in terms of process-concepts that we may hope gradually to systematize meta-psychology. Freud did not formulate a complete and finished theory ; what he provided was the groundwork of a scientific psychology, a beginning and not an end. The numerous gaps in psycho-analytic knowledge, the confusions in terminology, and the inconsistencies in theory, including those in Freud's own writings, make it clear that formidable tasks lie ahead. Indeed, it becomes increasingly evident that every aspect of analytic theory calls for re-examination in the light of process-concepts. As scientists, analysts must not use Freud's own formulations as immutable standards by which to measure the validity of new hypotheses : Freud's work cannot be both a ' Bed of Procrustes ' and a ' Pierian Spring '. But in his dynamic and economic conceptions of mental life Freud opened to us a theoretical approach, a view of mind, sufficiently inclusive in its scope and sufficiently plastic in its details to allow for any modification of subsidiary hypotheses that may now be found necessary.

Progress in metapsychology is essential to the furtherance of psycho-analysis as a science. Constant revision of theory is not all that is necessary, nor is it an end in itself ; it is no more than a means to understanding and thus to control of the psychological conditions of human living. Human beings do not live theoretically, they live personally ; ' . . . the psychologist has not to deal with ideas but with persons acting ' (Wolters, 1943 ; 183). Abstract thinking, however, has its own contributions to make to the service of persons.

The conclusion that metapsychology is process theory seems to the writer inescapable. In regard to the more detailed considerations that follow concerning the nature of mental processes and mental organization and the application of process-concepts to controversial issues, the title ' Notes on Metapsychology ' should be borne in mind. These ' Notes ' do not constitute a systematic review of theory nor do they propose final conclusions. They are comments on selected points and any suggestions made are tentative in character.

In metapsychology, it is assumed that the mental process is the hypothetical unit of psychic life. It is tempting, though undoubtedly rash, to borrow terms from physical science and to say that, dynamically, a process may be conceived as a wave of activity and, economically, as a quantum of energy. It is safer, perhaps, only to distinguish the dynamic aspect, the drive, from the economic aspect, the quantity of excitation or mental energy involved. The right of psychologists to use the

term energy is not universally conceded but analysts find it useful, as some quantitative term is needed to make clear the distinction between the impetus and the direction of mental activity.

Processes are initiated by inner and outer stimuli. Analysts, however, regard instinct as the prime mover, the continuous stimulus to psychic activity. They do not underestimate the part played by external stimuli in evoking and modifying responses and in canalizing the paths of instinct-expression in the outer world but they regard these responses to external stimuli as motivated and sustained by instinctual drives. We respond to the external stimuli to which we are predisposed to respond ; our sensory sampling of the outer world picks out stimuli that are of instinctual interest. We live in a Universe common to all but we also live in individual worlds carved out for us by our specific personal interest-systems. Instinct shapes the individual world but environment exercises a selective influence upon instinct. The relationship between organism and environment is neatly expressed by the use of genetical terms, which Hollitscher (1943) recently employed in a different connection. The phenotype (the individual organism as it appears) is the resultant of the interaction of the genotype (the innate potentialities) and the environment (which favours the development of some potentialities and impedes the development of others). The analyst can safely regard his phenotype, the human being, as a psycho-physical organism whose personality results from the interaction of his instinctual endowment with his psycho-physical environment. The analyst must constantly remember, however, that in the human being interaction is effected mainly through the agency of mental processes, and that these are conditioned by their mental organization as well as by instinct and environment. Human adaptation may be said to be multi-polar rather than bi-polar interaction, since the evolution of mental mediation has developed a variety of endopsychic conditions that have to be satisfied in addition to those imposed by instinct and environment.

Instinct is another term open to criticism, but its analytic use is unambiguous. It refers to the innate needs of the organism which stimulate mental drives and has no reference to unlearned motor behaviour. Instinct is described as a border-line concept because the organic need is distinguished from the mental drives to which it gives rise ; thus, for example, the sexual instinct is regarded as stimulating libidinal mental drives. Libido is a group name for the total of libidinal drives generated in the psyche by sexual stimuli. The exact relation between physiological instinct-tension and mental energy need not be considered here. It is enough to recognize instinct as the stimulus to psychic activity and to assume that psychic activity will continue as long as its stimuli are operative.

The mental process-response to the instinct-stimulus reaches its goal either with the innervation of the musculature or with the activation of further mental processes. The latter, in their turn, may issue in the mental motility called thinking or in the unconscious behaviour called mental defence. Dynamically, a mental defence-mechanism is an endopsychic vicissitude of instinct. All those other vicissitudes of instinct variously called symptom-formations, sublimation, etc., not excluding ego-differentiation, result from the continued operation of instinct-stimuli on a psyche modified by the activation of defence-mechanisms. Where the primary path of discharge is blocked, energy is diverted by circuitous routes to secondary outlets and instinct thus acquires new avenues of expression. It is more accurate to speak of the organization of the ways of instinct-discharge, which is the sequel to the endopsychic organization of mental process-responses, than of the organization of instinct itself. It is not the instinct-stimuli which become organized but the adaptive responses and the channels of discharge. The distinction between free-flowing primary processes and secondary processes may be theoretically desirable, but it is of evolutionary rather than practical importance, since both gratification and frustration occur from birth onwards, if not before and during birth. If the economic law of the psyche is that frustration of a primary process activates secondary processes, then, hypothetically, the infant's first hallucination is the result of secondary processes activated by the first experience of frustration severe enough to fulfil whatever quantitative conditions may be necessary to provoke hallucination.

All processes are alike in that they are waves or currents of activity but they differ among themselves both in impetus (intensity of drive, energy) and in direction (trend or quality of drive). Impetus seems to be correlated with the intensity and frequency of instinct-stimuli and trend with their specific character. For convenience, processes may be said to differ quantitatively and qualitatively, but trend or direction are probably better process-terminology than quality. Whichever term is used, it is evident that, for example, the process-equivalent of an erotic wish differs in direction or quality from the process-equivalent of a murderous wish and both of these differ from the trends activated during a moment of intense concentration on a mathematical problem.

The hypothetical unit of experience corresponding to the hypothetical unit-process is not an atomic impulse, affect or presentation, but a relationship of impulse, affect and presentation. This is true whether these aspects of experience are recognizable, as in the adult, or undifferentiated, as we presume them to be in the new-born infant. Hypothetical units are convenient figments to illustrate the parallelism between subjective reaction and objective wave of activity but, in fact,

the simplest conscious experience is probably the equivalent of a whole series of processes. The point it is sought to emphasize is that, whether viewed subjectively as experience, or objectively as process-activation, mental life is a sequence of adaptive responses. This conception seems indispensable and is frequently implied in Freud's use of the term 'wish' though, on occasion, 'wish' is used in a more limited sense as the equivalent of instinctual impulse ('conative tendency'). Analysts can agree with Wolters that thinking is adaptive behaviour and should join him in abandoning the 'mythology of ideal entities' (Wolters, 1943; 181), but they do no violence to process-thinking in retaining the differentiation between the conative, affective and cognitive aspects of subjective experience.

To analysts, it is the difference between conscious and unconscious processes that appears to be of major dynamic and economic importance. They regard consciousness as pertaining to processes belonging to the so-called reality-ego organization and unconscious processes as either naturally unconscious or actively prevented from becoming conscious by mental mechanisms. The organization of the ego is not itself regarded as conscious. Consciousness, at any one moment, is the functional synthesis resulting from the current activation of the ego organization. Conscious processes are always accompanied and determined by unconscious processes but the latter may be activated without giving rise to conscious processes. The continuity of mental life is not affected by interruptions of consciousness since it is dependent on the uninterrupted activation of unconscious processes.

The progressive patterning of systems of response, that is, process-organization, depends upon retention and modification which appear to be twin characteristics of mental life as fundamental as excitability itself. It is sometimes argued that retention is manifested only through modification, that is, that all that is really retained of an experience is the modification effected by it which influences future experience. Clinical data support the view that modification is an invariable effect of retention, that it is independent of conscious recall, and that it occurs whether or not the modifying experience is accessible to consciousness. Clinical data, on the other hand, do not support the view that retention only operates through modification. Happenings like the re-emergence of long repressed memories of early childhood into adult consciousness give the analyst grounds for assuming that, if certain economic conditions be fulfilled, any past experience can be revived in something closely approximating to its original form. In metapsychological terms, it seems probable to analysts that any process-system that has once been activated can be re-activated and, further, that it can be re-activated either as an independent system (in which case the subjective experience is revived in memory if it is accessible to consciousness) or as a component of another process-system which it modifies. Analysts can, therefore, express the facts of retention by saying that experience registers in the psyche in such a way that it can be revived as experience or memory, and also in such a way that subsequent experience is invariably modified by preceding experience. Freud's 'law of psychological determinism' is a mechanistic rendering of the operation of retention and modification.

Under the influence of associationist terminology, Freud (1900; 495) called the registrations of experience in the psyche memory-traces and assumed that they are themselves unconscious but that their re-activation gives rise to images. Image-formation certainly appears to depend upon retention. It is agreed that sensory-affective experience must precede either hallucination or imagination. But images are not revived in isolation, they are revived in relation to their original impulsive and affective concomitants. Hence, memory-traces are probably better thought of as experience-traces rather than as sensory-traces. To describe the mental organizations as systems of memory-traces is inadequate unless the memory-trace is regarded, objectively, as a response- or process-trace. Traces need not be thought of as literal imprints stamped in the mind but as functional predispositions. The so-called structure imparted to the psyche by organization is a predisposing pattern of response.

It may be that retention and 'repetition-compulsion' (Freud, 1920; 24) are two ways of describing one characteristic of mental life. Perhaps we should assume that, once a given process has been activated by a specific stimulus, it will be re-activated by every succeeding stimulus of the same type. Such an assumption makes it far easier to understand modification and the genetic continuity of mental life. It becomes natural rather than surprising that even an old man of ninety should continue to be actively influenced by events which occurred during the first six months of his life. The simplest explanation is not necessarily the most adequate, particularly in psychology. It may be noted, however, that Freud's conception of a repetition-compulsion 'beyond' the pleasure principle is a conception that the primordial tendency of processes is to repeat themselves. This tendency can, on occasion, overcome the tendency to avoid pain although the normal relation to pleasure and pain is that the tendency to repetition is reinforced by adaptive success (pleasure) and inhibited by adaptive failure (pain). Such a conception agrees with biological and physiological thought concerning the development and functions of the nervous system and makes reflex action the prototype of repetition-compulsion; it is consistent, so far as I

can judge, with many of the results of experimental enquiry into memory and habit-formation and is borne out by the ordinary experience of everyday life. For instance, if one forms a habit of spelling a word wrongly and this mistake is pointed out, one may, with more or less difficulty, correct the habit or rather, form a new habit of spelling the word correctly. But every time that one is fatigued, or pre-occupied with the content rather than with the form of what is being written, the faulty spelling will tend to recur. The obvious inference is that the mental energy required to inhibit the old habit in favour of the new is either not available or otherwise engaged.

Analysts are probably on firm ground in regarding instinct as the constant stimulus to psychic activity, but Freud's remark (1933 ; 124) that ' the theory of the instincts is, as it were, our mythology ' still holds good. To my mind, the field of instinct enumeration and classification is very debatable ground. The existence of numerous polarities in mental life is indisputable, as is also the fact that the interplay between what analysts call libido and aggression is a cardinal feature of mental economy. I do not propose to enter here into the arguments for and against the assumption of a ' death instinct ' or into the reasons for this seemingly unfortunate choice of term. I will limit myself to the suggestion that the conception of classes of instinct may prove more satisfactory than the conception of unitary instincts. Instincts manifest themselves in a succession of specific drives and it is open to argument that more than two classes of instinct are required. Up to the present analysts seem reluctant to accord full instinct status to self-preservation, though they safeguard themselves by admitting that the group of life instincts is not necessarily limited to the sex instincts. It may be that a number of different instincts are comprised in the death class. The main point to note is that in the present state of knowledge, the theory of instinct ought not to be regarded as a closed chapter. On the contrary, many conceptions of instinct are still ' superb in their indefiniteness ' (Freud, *ibid.* ; 124).

Turning from process to organization, there is a great deal yet to be learned about the exact ways and means by which relatively stable ego and super-ego organizations develop and maintain themselves, and also about the temporary changes of pattern which continually occur within these major organizations. One difficulty arising in Freud's formulation of the three-fold constitution of mind must be faced at the outset. It is contradictory to regard the id as an unorganized reservoir of instinct and, at the same time, to regard the repressed as part of the id. Clinical experience insists that the repressed is organized and that its organization continues during life. Freud himself (1923 ; 29) indicated a solution because he not only defined the ego as a coherent organization of mental processes but as ' that part of the id which has been modified by the direct influence of the external world '. The repressed may be regarded as a reject from the ego and there are other reasons for considering repressed systems to be dissociated primitive ego-systems. Whether any reservoir of instinct can be said to exist apart from the constantly recurring stimuli of organic need is debatable. The endopsychic economy itself constitutes a reserve of mental energy, inasmuch as the operation of mental mechanisms binds energy which is released for other purposes if defence breaks down or some less expensive mechanism of control becomes available.

Clinical justification for the concept of the id is supplied by observations of adults in whom dread of uncontrollable impulse and overwhelming emotion is marked. This is often associated both with conscious and unconscious dread of revival of painful past experiences and with a variety of animistic anxieties, amongst which fear of being at the mercy of some brand of ' devil inside ' is perhaps the most common. In reference to a psyche in which definitive ego and super-ego organizations have established themselves, the concept of the id would seem to cover all those process-systems which do not appear to belong to the current ego or super-ego. In this relatively late stage of development, the id-systems may be said to represent the infant's own primitive wishes (or such of them as are ego-dystonic) and the super-ego the parental counter-wishes. It seems most probable that ego-synthesis and ego-differentiation begin, proceed and culminate together in the emergence of definitive ego and super-ego organizations, leaving systems dystonic to both to constitute id- ' nuclei '. It is, however, extremely difficult to decide whether the ego-differentiations which occur in intermediary stages, such as those mirrored in animistic phantasies, would be more accurately described as id- or super-ego- nuclei. This is one among the many obscure problems of development that await further clarification.

Certain other points regarding the development of organization will be discussed later but, before considering these, a brief reference must be made to the general nature of organization. Mental life is paradoxical in that it is both conservative and progressive, repetitive and creative, and it is well not to overlook this paradox. The effects of past experience are preserved in the mental organization through which they influence current experience. Relatively stable organization implies the canalization of responses into habitual patterns and carries with it differing degrees of loss of plasticity in response. Organization thus tends to limit the range of reactions possible to any given individual. The mental organization, in detail, will be as specific as the individual's personal experience. Characteristic types of organization are, however, recognizable and are implied in all classifications of

libidinal, character or clinical types. But this conservative and predetermining rôle of organization should not lead us to think of organization as permanently fixed; mental organization is not static shape but constant renewal of functional pattern. It is accepted that repression is not a single act but a course of action that has to be maintained, and it should also be accepted that organization is perpetual re-organization even where plasticity is reduced to such an extent that the successive re-organizations become almost stereotyped repetitions.

Psycho-analysts rightly emphasize the continuity of mental life which is, for them, one of the best established facts. Hence, they cannot agree with the view recently expressed by H. G. Wells (1944) that personality is an illusion. His opinions are, however, very useful reminders that mental life is not only continuous but also continually new. We are the same people to-day that we were yesterday in so far as there has been no interruption in our mental lives, and what we are to-day is largely determined by what we were yesterday. But we are also new people to-day in so far as we encounter a new series of stimuli, and are re-synthesized from moment to moment in response to these stimuli. When we feel that we are 'not ourselves' or 'surprise ourselves', the re-organization of the moment is following an unaccustomed pattern. Mental life is progressive or emergent because the re-synthesis of the moment is not only conditioned by what has happened in the past but by what actually is happening in the present. The current synthesis is always the resultant of what we are when we meet the new situation and what the new situation brings to us.

Integration is not mere summation. For instance, the reality-ego as a whole is more than the sum of its component systems. Integration is always relative, never absolute, and organization varies both in stability and in adaptive efficiency. Integration of the personality as a whole is not to be confused with integration of the reality-ego alone since this is only one of the major systems. Integration of the personality implies a degree of harmonization between super-ego-, ego- and id-drives which amounts to some degree of integration of the total psyche. Experience leads to the assumption that a sufficient number of closely knit process-systems are so regularly integrated with the major ego-organizations in the same functional pattern that they enable the ordinary person to retain his identity. Even in the normal person, however, it is assumed that there are frequent changes in the subsidiary component-systems of the ego and super-ego. The functional integration of the analyst at work with a patient in his consulting room is not the same as it is when he is reading the newspaper by his own fireside. In the consulting room his reality-ego, for instance, is temporarily dominated by component-systems which are no longer in control when he is relaxed at leisure. We assume temporary changes in ego-pattern of this type in the same way that we assume temporary changes in range and scope by way of synthesis and dissociation. The clue to multiple personality may lie in switching from one major pattern to another, in kaleidoscopic changes of process-pattern more thoroughgoing than those which accompany normal changes of mood or occupation.

Any system functionally integrated with the ego-organization operates for the time being through that organization and does not exert independent influence. Its energy is at the disposal of the ego. A system dissociated from the ego regains its independence except in so far as it may link up with other ego-dissociated systems (i.e. with super-ego- or id-systems). Its energy is not at the disposal of the ego. Permanently dissociated systems can be thought of either as primitive ego-systems which have never formed part of the definitive ego-organization, or as systems dissociated at a later stage. In either event, a dissociated system operates in competition with the ego and is potentially pathogenic. If the group of processes corresponding to the clinical 'Œdipus complex' is dissociated as a whole, it can operate as a pathological *enclave*, with all the familiar neurotic consequences. What Freud (1924) called the 'passing of the Œdipus complex' can most readily be understood as a distribution of its component systems between the ego- and super-ego-organizations. When this happens, the Œdipal systems play their part thenceforward through the ego and super-ego and cease to operate independently, whereas, in neurosis, they constitute relatively independent centres of activity. Some analysts consider that Melanie Klein's views on the genetic importance of infantile phantasy introduce false notions of an unchangeable *enclave* in the unconscious. This impression may be chiefly due to the fact that she stresses the enduring influence of infantile experience and does not clearly emphasize the difference between two different economic situations. In one an early phantasy-system is functionally integrated with the ego-system and operates through it, as in the case of successful sublimation; in another situation a phantasy-system retains or regains its autonomy and operates independently, as in the case of compulsive action.

The difference between temporary ego-synthesis and temporary ego-dissociation can be illustrated by reference to conscious memory. For example, when we meet an old friend our greeting will be determined by our past experience of this friend but, at the moment of meeting, we may recognize and welcome such a friend without recalling any single incident from the past. The mental systems connected with the friend here act as component-systems functionally synthesized with the ego-

organization. In the course of conversation it may happen that an incident from our common past may be recalled, but the re-activation which yields the conscious memory temporarily dissociates the corresponding systems from the remembering ego-system. Though readily accessible to consciousness, such memories, while being recalled, have a temporary 'not me' quality which we may express by saying 'do you remember that we did such and such a thing?'. Memories have the quality of full 'me-ness' only if they are so vivid and gripping that one temporarily ceases to be a 'remembering me' and re-lives the past for the moment as if it were present.

These comments on the nature of mental organization are far from exhaustive. They seek to emphasize only two points of cardinal importance: first, that mental organization involves continual re-organization and, second, that although mental life is conditioned by organization it is also emergent or new from moment to moment. It is adaptive activity and the living being is always becoming.

Process-concepts may aid theory in general but it is legitimate to enquire whether they have any direct bearing on current problems of analysis. Analysts in this country are much occupied with the relationship of Melanie Klein's work to psychoanalysis as a whole. This is a many-sided problem involving the testing of Melanie Klein's clinical data and interpretations, the assessing of her conclusions regarding personal life-history, and an enquiry into any modifications of technique, as well as correlation with objective theory. The latter, however, is an essential part of the problem and the use of process-concepts to this end can be illustrated by a résumé of tentative suggestions already made by the writer. Conceptual correlation in the case of Melanie Klein's work involves chiefly transposition from one mode of thinking to another, or translation from terms of experience into terms of process. It does not follow that any one of Melanie Klein's views which lends itself to translation into process-terms is therefore true. Possibly, any view which proved completely refractory to such translation might be regarded with suspicion. Tentative correlations must themselves be tested; they are not put forward for uncritical acceptance but to illustrate the use of process-concepts.

The writer's first attempt to show that Melanie Klein's views can be expressed in terms of process theory was made in an earlier paper (Brierley, 1942). It was remarked (as other critics had also noted) that the mixture of perceptual and conceptual thinking in the formulation of her views on depressive anxieties and 'good objects' (Klein, 1935) gave rise to difficulties. On the one hand, to imagine that a person is being dismembered is sound perceptual thinking appropriate to the description of phantasy, but it is not possible to conceive of a mental object being literally shattered. On the other hand, if a mental object is thought of as a system of mental processes such a system can be conceived as more or less well integrated and as correspondingly liable to disintegration. Such a system can also be conceived as either integrated with, or excluded from, the major ego-organization. Thus, stable synthesis of a libidinal object-system with the ego-organization would be the theoretical equivalent of secure identification of the self with a loved person. Freud himself (1923; 36) suggested '. . . that the character of the ego is a precipitate of abandoned object-cathexes and that it contains a record of past object-choices.' This implies that the self is a synthesis of identifications. Thus, the organization of the ego will reflect the sequence of the individual's relationships and its relative stability or instability will be conditioned largely by the quality and intensity of these relationships.

Some analysts think that Melanie Klein does not always differentiate between really satisfying relations with 'good objects' and relationships with idealized objects. Idealization does not necessarily promote ego-stability. However critical one may be of Melanie Klein's views in detail most analysts agree that satisfying libidinal experience in infancy favours stable ego-integration, whereas undue frustration and excessive ambivalence impede it. Libido appears to be the agent of ego-synthesis and aggression the agent of dissociation. It will probably be found that all the economic vicissitudes of instinct called mental mechanisms tend either to promote synthesis or to induce dissociation and, certainly in the case of secondary repression, to secure the continued dissociation of dystonic systems which would otherwise threaten the established ego-synthesis.

In a contribution to a Special Discussion [1] it was argued by the writer that the existence of 'internalized object' phantasies would not contravene the memory-trace hypothesis since memories and phantasies have a common trace origin. All images are memory-images, re-activations of past experience. It was suggested that, artificially simplified, the concept of an 'internalized good object' is the concept of an unconscious phantasy gratifying the wish for the constant presence of the mother in the form of a belief that she is literally inside the child. Such an unconscious phantasy would help the child to retain conscious memory of its mother during temporary absences though it might fail to bridge a prolonged absence. A two-year-old child's memory of its mother will not be

[1] A Special Series of meetings was arranged by the British Psycho-Analytical Society for discussion of controversial issues, which ran from January 1943 to May 1944. The Proceedings are not published so that exact references cannot be given; for the same reason the names of other contributors are not mentioned.

a simple system but the resultant of two years of life with her. The conscious memory will be the accessible part of a far more extensive unconscious mother-system having its roots in earliest infancy.

It is, of course, imperative to enquire into the evidence for the existence of ' internalized object ' phantasies but, in so doing, one will be enquiring into the existence of a special type of animistic phantasy and not into some new phenomenon which has no precedent in psycho-analysis. The writer's own experience tends to corroborate the existence of a considerable variety of animistic phantasies in adults, consistent with the inveterate anthropomorphism of human thinking. Melanie Klein has rendered great service in focusing attention on some of those animistic modes of thinking which appear to be the fountain head of so many superstitious ' values '. Animistic thinking still dominates the sphere of subjective belief and knowledge itself is by no means completely emancipated from its influence. No objective code of ethics, based upon the real necessities of human life and not upon traditions impregnated with superstition, can be formulated until the genesis and evolution of human ' values ' are understood. Considerations such as these only serve to point the need for very careful scrutiny of all hypotheses about animism.

It soon became clear in the Special Discussions that although controversy is not limited to hypotheses concerning early infantile life, differences of opinion on the genesis and development of object-relations are crucial. Melanie Klein's views are held by some critics to attribute undue precocity to the infant. In particular, it appears difficult to them to reconcile Melanie Klein's assumption that the infant very soon begins to love its mother, in the sense of being concerned for her, with Freud's conception that in the earliest months the infant is concerned with its environment only in relation to its own wishes. This view led Freud to term the earliest phases of development auto-erotic and narcissistic and to presume them to be objectless. The types of early object-relation inferred by Melanie Klein are also thought to imply too early endopsychic co-ordination of instinctual drives. Such early co-ordination seems incompatible with the spontaneous changes of mood and apparently unrelated impulsive actions which can be observed to be characteristic of young children, at least up to the age of two. But, if we regard development as the gradual and progressive organization of originally unrelated process-systems into more or less integrated systems from which the major ego-organizations finally emerge, the two views may not be so antithetic as they appear to be at first sight.

Adaptive responses are assumed to occur at all ages but it is also assumed that responses vary in complexity from simple instinctuo-motor or sensori-motor reactions in the tiny infant to the far more intricately organized reactions of adults. The first gleams of consciousness are very intermittent and we think of them as probably simple and undifferentiated by comparison with the conditions revealed by introspection in the adult. The baby appears to be his reactions of the moment. We, as observers, may say that his life is a sensory-affective-impulsive one. We may say, for example, that because the baby reacts to a loud noise he probably hears the noise and we can posit in this hearing the presentational basis of subsequent awareness of sounds as sounds. For the baby, however, there are presumably just happenings, total situations to which he responds totally as his impulses and feelings dictate. These happenings seem to be felt from the beginning as pleasurable or painful and the types of response dictated are clearly distinguishable. Hence, it is permissible to think of infantile relationships beginning as relationships to total situations but as relationships of sharply contrasted types : definitely affirmative or appetitive relations to gratifying pleasurable situations and unambiguously negative ones to conditions of pain and frustration. Thus, at one moment, the baby may appear to be to all intents and purposes a smiling contentment and a few moments later, a different baby altogether, a scowling rage. Situations of both types will naturally arise in connection with all the infant's different instinctual urges and all the variety of stimuli impinging on him from without. The second experience of a similar situation will already be modified by the first experience. Hence, we can recognize in ' yes, yes '-situations the germ of ' pleasure-me ' systems or nuclei, the fore-runners of love-relationships to objects, and in ' nc, no '-situations the germ of ego-differentiation and the fore-runners of hate-relationships to objects.

The transition from the earliest sporadic reactions to organized ego-object reaction-systems will presumably be effected through various stages of partial organization, motivated by instinct-interest and determined in detail by the specific course of adaptation, that is by the actual events of the individual's infant life. The classical ' libidinal primacies ' represent early stages of organization. There is a considerable amount of clinical and behaviouristic evidence in support of the view that the initial partial organizations constitute relatively autonomous systems and are mutually exclusive in the sense that they compete for control of consciousness and motility. If these assumptions are approximately correct, three consequences should follow. Firstly, early behaviour should show rapid alternations of mood and should appear spontaneous and quickly changeable ; it should not show any very obvious signs of internal co-ordination between instinctual urges of markedly different types. Secondly, early object-discrimination would be highly selective and would tend to yield sharply divided types of

mental object (wholly 'good' or wholly 'bad') corresponding to the sharp division between pleasurable and painful situations and the all-or-none responses to them. Thirdly, ego-integration, definitive object-relations and ambivalence or multivalence, as distinct from alternations of 'love' and 'hate', should emerge together as the result of processes comparable to those described by Freud (1925) in more purely ideational terms in his paper on 'Negation'.

The issue of precocity can only be finally settled when it becomes possible to estimate more exactly the normal rate of progress of mental organization. There would appear to be scope for great variation in this rate; some time-limits are set by physiological conditions. Exact knowledge about psychological heredity is conspicuous by its absence. It is known that very few patterns of motor behaviour are inborn in the human infant but nothing is known with certainty about innate predispositions to mental organization or the time at which they take effect. This is still a field of surmise and different inferences are drawn by different workers in accordance with their varying angles of approach.

It is certain, however, that an apparent precocity is often introduced into accounts of early life by the terms in which it is described. Preverbal experience must be described in words for purposes of discussion and the use of words and the construction of sentences inevitably imparts a kind and degree of organization to the description which could not have been present in the experience to which it refers. Thus, some of the precocity attributed to the infant as described by Melanie Klein is due to the fact that an adult cannot interpret any infantile experience and make it intelligible to other adults without subjecting the experience itself to some degree of falsification or retrospective sophistication. It seems that sensitive adults may feel a baby's feelings with some degree of accuracy but cannot put these feelings into words without passing them through the modifying medium of their adult organizations. It is likely that this process of retrospective sophistication is not limited to adults, but will tend to occur in every phase of development in connection with conscious revival of experience belonging to preceding phases.

Phantasy-systems which emerge from repression in adults contain many elements derived from post-infantile life which, in their turn, succumbed to repression and seem to have become assimilated to systems of earlier origin. The infantile systems may themselves exhibit signs of developmental stratification. Thus, they often reveal a number of different versions of the same theme; for example, a primitive oral theme may appear in an anal-oral version and this may be repeated in a genital version. In other words, the revival of a primitive experience tends to assume novel forms corresponding to the current life-situation in which it is revived, unless the ego-systems are pathologically retarded in development, disintegrated or completely dominated by mentally traumatic revivals. The existence of such conditions in adults suggests that a phantasy which can be demonstrated in a child of two years may have unmistakable reference to sucking or weaning or other very early infantile happenings and may, in fact, constitute a revival of such experiences. The phantasy in the two-year-old, however, may take a form corresponding to his current development rather than to the age to which its content refers. To stage a primitive phantasy in play is to dramatize it in a way not open to a baby before it can handle toys freely. The play will show unmistakable subject-object differentiation, but this differentiation may belong to the current production of the phantasy and it should not be taken for granted that it was necessarily present in the original experience.

Elements of this kind of precocity may perhaps colour some of Melanie Klein's descriptions (1935) of a 'depressive position'. The present writer's experience with adults has left her with the impression that many of the phantasies Melanie Klein describes as typically 'depressive' are most fully elaborated and acquire their most characteristic features during the troubled period when the child is acquiring sphincter control. The infant who reaches this stage already handicapped by accentuated oral-sadistic impulses is likely to find the anxieties of this period unmanageable and these may activate pathological depression. There is, however, nothing inherently improbable in Melanie Klein's suggestion that infants pass through earlier phases of development just as typical as the classical Œdipus stage. The conception of libidinal primacies is itself an assumption of this kind. Critics object for various reasons to Melanie Klein's expansion of a concept of libidinal primacy into a concept of a developmental position of the psyche. However, the time for thinking of development solely in terms of libido is long past. The life-story has to be told in terms of the child's experience as it struggles to adapt its instinctual demands to successive life-situations (endopsychic and environmental). Critical stages in the subjective story correspond in theory to critical stages in the progressive organization of adaptive mental processes. Melanie Klein's attempt to expand the concept of primacies into a concept of developmental phases or positions is, therefore, an effort in the right direction. The real problem is to decide the validity and adequacy of her particular conception of a 'depressive position'.

Finally, the bearing of process-thinking on the vexed problems of research must be briefly considered. Some of the differences between research and therapy were mentioned in an earlier paper

(Brierley, 1943). The argument in that paper is not that research should be limited to the consulting room but that, up to the present, the consulting room has been the analyst's principal laboratory and is still the only one in which the majority of practising therapists have opportunity to work. With all its limitations, this laboratory evidently has compensating advantages because out of it have come results that have done much to revolutionize modern psychology.

It is said, not without some justice, that in analytic research intensity of examination replaces extensity of sampling (Isaacs, 1939; 159), but intensity of examination is no safeguard against error due to subjective bias in the examiner. This, however, may be corrected to some extent by comparing the results obtained by a number of workers; pooling of clinical experience is an obvious and practicable, if incomplete, safeguard against errors due to individual bias. For this reason, every analyst has research responsibilities, particularly in the matter of verifying clinical data and of testing hypotheses (old and new) by the data presented to him in his daily work. More emphasis should be laid on research in the training of students of psycho-analysis and, where this is a student's primary interest, special training is indicated. This, however, immediately raises the question of what, in addition to the personal analysis of the student, is the best kind of training for research in psycho-analysis.

It is clear that the problem of the research-training of analysts is bound up with the larger problem of technique in psychological investigation in general. It is obviously not practicable to control and repeat experiments in the consulting room. Up to the present, it has not been possible to render consulting room evidence available to non-analysts in any form that they find adequate or convincing. Therefore, analysts should look for and welcome any development of experimental, statistical or other methods that can be applied to the examination of their hypotheses by other psychologists or by themselves. The difficulties, however, are not all on one side. The analyst finds it difficult to produce his evidence, but the experimental psychologist, for instance, finds it difficult to devise experiments that will test psycho-analytic findings. Whether this difficulty can be overcome remains to be seen but, so far, experimental technique has not proved itself very well adapted to the study of 'the springs of action' with which the analyst makes contact in the consulting room. It is no exaggeration to say that the scientifically questionable technique of psycho-analysis has yielded a richer harvest than any other method of psychological enquiry so far employed. Practice may degenerate into a sterile routine but, provided the analyst retains his capacity to go on learning from his patients, it is indisputable that ten years' practice will teach him more essential facts about human nature than ten years' laboratory work in experimental psychology. Insight into human nature is no exclusive prerogative of analysts, and experimental psychologists may have it in full measure. It would seem, however, that the experimentalist derives his insight less from his laboratory work than from his natural capacity for understanding people; he learns from his relations with his fellows rather than directly from his work. On the other hand, the analyst's work itself offers him a series of informative relationships with living persons, under conditions in which far more of the intimate pattern and development of their mental lives comes to light than is ever revealed in ordinary social relationships.

It is conceivable that process-thinking may help in the solution of some of the many problems of research. Metapsychology is general theory, but it is psychology; it is derived by inference from the detailed study of living persons. It is, however, no longer subjective but objective psychology. Process-thinking is a kind of thinking familiar to biologists, physiologists and experimental psychologists and, because it is objective and impersonal, it may prove more adaptable than subjective theory to experimental testing. If any process-hypothesis were confirmed by experiment, the probability would be increased that the subjective data upon which it was based had been correctly observed and evaluated. Convergence between process theory and physiological theory of brain function is already apparent. It does not seem probable, however, that the utmost refinement of technique will ever allow the physiologist to record anything but brain events, or that any future development of psychological reality-sense will ever enable a person to experience anything but mental events. It is only metapsychology and brain physiology that could ultimately coincide. Whether it will ever be possible to establish in detail the concomitance of specific mental event and specific brain event which, together, would constitute a psycho-physical event, remains to be seen.

Every branch of science has to devise its own most appropriate methods of reality-testing and there will, doubtless, be much argument as well as trial and error in procedure before satisfactory techniques of psychological research are generally accepted and practised. It should be remembered, however, that a basis of agreement already exists among scientists in the attitude of mind with which they approach their work. In so far as the scientist desires to establish the facts as they are, rather than as he wishes them to be, or thinks they ought to be, he is at one with all other scientists. In psychology, the subjective hindrances to progress in knowledge are probably more formidable than any technical difficulties and the limits of research for any individual are set by the degree of his ability to tolerate psychological realism.

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FORTY-FOUR JUVENILE THIEVES: THEIR CHARACTERS AND HOME-LIFE (II)

By JOHN BOWLBY, London

[*** Sections I to III appeared in the last issue, Vol. XXV, pp. 19–53.]

(IV) ÆTIOLOGY

So far we have confined ourselves to the description and classification of the clinical material, though, in presenting the case studies, references to ætiology and psychopathology were, of course, unavoidable. It is now time to discuss these aspects of our problem systematically.

Ætiological factors can most conveniently be considered under three main headings: (1) Possible Genetic Factors, (2) Early Home Environment and (3) Contemporary Environment, under which can be included recent traumatic events.

It is perhaps necessary to emphasize that the evidence regarding the influence of genetic and of environmental factors is of very different value. In the case of environmental factors, we frequently have direct historical evidence of the part they have played and in some cases the evidence of their having been the sufficient cause of the condition amounts almost to certainty. In the case of genetic factors however we are in the realm of inference. All that we know is the mental condition of the child's parents. We have no direct evidence that the parents' genetic endowment is in any way abnormal and naturally no evidence regarding the child's genetic endowment. To conclude, as is so often done, that, if both parent and child are mentally unstable, both must be genetically tainted is speculation. In many cases it may be so but in others it probably is not. It is because of the uncertain nature of the evidence regarding genetic factors therefore that the qualifying adjective 'possible' precedes their discussion.

(1) Possible Genetic Factors

The incidence of mental illness in the parents and grandparents of the delinquents was high and it may well be that genetic factors played a part in some cases. Our data is limited in many respects however. In the first place exhaustive enquiries were not made so that the evidence may be incomplete. In the second there are no normal controls with which to compare the findings. Finally, even if all this information were available, it would remain impossible to disentangle the genetic effect of an inherited factor and the psychological influence of unstable parents. The following incomplete findings are nevertheless of interest.

Four of the delinquents had one parent psychotic, and two others had a psychotic grandparent:

No. 5, Winnie P. Mother in hospital one year—'involutional melancholia'.

No. 38, Albert J. Mother always peculiar, either M.D. or psychotic. For many years in an institution.

No. 43, Alan E. Mother depressive or schizophrenic.

No. 44, Edward N. Father had severe breakdown from which he had recovered. Diagnosis uncertain.

No. 17, Leslie M. Maternal grandfather depressed and certified in old age. (Mother very anxious.)

No. 40, Charles K. Paternal grandfather violent

and certified. (Father violent and had unjustified jealousy of his wife.)

Epilepsy is represented by No. 22, Winnie E., whose mother was epileptic. (No. 25, Reginald S., had a morose father, whose brother was epileptic.)

A further eleven patients had at least one parent who was neurotic or psychopathic :

No. 2, Clifford H. Both mother and father extremely anxious and hypochondriacal.

No. 3, Lily T. Mother alcoholic.

No. 4, Fred B. Mother very anxious and critical of everyone. Shouts and terrifies the children. Marked tic.

No. 8, John M. Father unemployable and hypochondriacal since accident 8 years previously. In observation ward three days after outburst. (? Psychotic.)

No. 10, James S. Mother unstable with fairly severe depressions.

No. 11, Kathleen P. Mother extremely unstable. Had curious sexual ideas about the children and had been seen thrashing dogs in a sadistic way.

No. 15, Monica P. Mother extremely anxious with severe Graves' disease.

No. 18, Headley J. Mother extremely unstable, obsessional and anxious.

No. 20, Ronald H. Mother anxious and sensitive. Under treatment for ' nerves ' for many years.

No. 27, Betty I. Father a bigamist and difficult and unreliable in other ways.

No. 42, Peter S. Father morose and violent. Never speaks to his wife throughout her pregnancies.

Eighteen cases are thus found to have a parent or grandparent mentally ill. A nineteenth had an epileptic uncle. Since in three cases, who were illegitimate, one-half of the parentage was unknown only twenty-two cases are left whose parents were believed to be mentally healthy.

Amongst the 44 control cases, all but three of whom it will be remembered were suffering from some form of mental disturbance, no fewer than nine had a psychotic parent, one had an epileptic parent, another three had a psychotic grandparent and a further six had parents who were grossly neurotic or psychopathic. This makes a total of 19 cases with mentally-ill parents or grandparents, an incidence, allowing for one unknown, of 44 per cent., which is identical to that of the delinquents. Naturally a control group of normal children is required before the significance of these figures can be assessed, but it seems most unlikely that the incidence of psychosis and severe neurosis in the parents and grandparents of normal children would reach this figure.

The small number of cases available makes a satisfactory comparison of the incidence of mentally-ill parents as between the different diagnostic groups impossible. Although not statistically significant, one trend is worth noting, however. The incidence of mentally-ill parents in the Affectionless thieves is low when compared with the remainder (3 out of 12 in comparison to 15 out of 29).

The relatively high incidence of mental illness in the parentage of both groups of cases, delinquents and unstable or neurotic controls, is suggestive of the possible importance of heredity as predisposing to the development of delinquent and unstable character. Nevertheless, in order that false conclusions may not be drawn, it must again be emphasized that because a parent is psychotic or seriously neurotic it does not follow that the child, or even the parent himself, is genetically tainted in any way. Such evidence is only suggestive. On the other hand a parent who is mentally ill, particularly if it is the mother, is extremely likely to have an adverse influence on the emotional environment in which the child is brought up. This brings us to our second ætiological heading.

(2) Early Home Environment

When possible genetic factors prove inadequate to explain a case there is often a tendency to jump to the other end of the nature-nurture scale and incriminate the present-day environment. Thus there is a school of child psychiatry and criminology which attributes much of a child's misbehaviour to various unsatisfactory features of the situation in which he at present finds himself. I have never been impressed by these theories since they commonly ignore the fact that there are many children over four or five years of age who are remarkably adaptable and do adjust adequately to a great variety of adverse circumstances. Unsatisfactory environments in later years are compatible with both social and anti-social behaviour. What determines, therefore, whether or not in the case of a particular child adverse circumstances will lead to delinquent behaviour ? Clearly the factors must lie in the personality of the child himself. And there is no need to revert to speculation about genetic factors. Character development is proceeding apace during the first few years of life and it may well be that an adverse environment during these early years is responsible both for the emotional disturbance apparent in these children and for their tendency to react to particular circumstances in a delinquent way. The present series of cases, for which this factor has been studied in some detail, goes far to confirm this view.

In discussing the influence of early emotional environment it is convenient to divide the factors which appear pathogenic into two groups :

(*a*) Specific events such as ' broken homes ', death of mother or prolonged separation of child from mother for other reasons.

(*b*) The general colour of the mother's and father's

emotional attitudes to their child. Under this heading are to be considered both their conscious and their unconscious attitudes.

(a) *Broken Homes and Separation of Child from Mother*

Amongst specific events most widely remarked upon in the literature, ' broken homes ' take pride of place. Unfortunately from the psychological point of view the conception ' broken home ' is exceedingly unsatisfactory. For under this heading we have grouped together a great variety of situations, the psychological implications of which are as varied and unequal as the impact of war on the individual. For instance there is little or nothing in common, psychologically, between a home which is broken by the father deserting when the child is 14 years old and one which is broken by the mother dying when the child is 9 months old. The conception ' broken home ' is a derivative of sociology not psychology. An adequate psychological study must first analyse the situations jumbled together under the one heading and select each for special study.

The particular member of the ' broken home ' group of situations which has seemed to me of importance is that in which the child is *separated from his mother or mother-substitute for long periods or permanently during his first five years of life.* This situation is fairly definite and precise from a psychological viewpoint, although sociologically it may be brought about by a great variety of circumstances, only some of which are included in the ' broken home ' group. Amongst such are illegitimacy, the mother's death, illness and desertion. Amongst those not so included is prolonged hospitalization of the child. In fact it was a case of prolonged hospitalization (Case No. 28, Derek B.) that first called my attention to the general situation.

Now if we examine the histories of our 44 delinquents we find that no fewer than 17, or about 40 per cent., had suffered such an early and prolonged separation from their mothers. This contrasts with only 2 (5 per cent.) amongst the control group, a divergence which is statistically highly significant.[10] The incidence for normal children has not been ascertained but is almost certainly lower even than in the control group, which consists, of course, of emotionally disturbed children. In Burt's (4) control group of normal children it was in the region of 1 per cent.

Not only are these breaks significantly more frequent amongst the thieves than among the controls, but their incidence as between the different types of delinquent is also most unlikely to be the result of chance. Of the fourteen Affectionless Characters no fewer than twelve (85 per cent.) had suffered an early separation of the type described; of the remaining thirty children, only five (17 per cent.) had incurred this misfortune.[11] There is a high degree of association therefore between the Affectionless Character and a history of mother-child separation.

These figures are set out for convenience in the table below:

TABLE VIII

Incidence of Mother-Child Separation

Type of Case	No. in which Mother-Child Separation		Total
	Occurred	Did not occur	
Affectionless Thieves	12	2	14
Other Thieves .	5	25	30
All Thieves . .	17	27	44
Control Cases .	2	42	44

The degree of association between the Affectionless Character and a history of mother-child separation may in fact be even higher than that indicated in this table. Two of the five thieves who had suffered a prolonged separation but who are not classified as Affectionless might with some reason be so classified. One (No. 44, Edward N.) had been typically Affectionless before psychosis overtook him. The other (No. 41, Rosemary B.) may in fact always have been so but too little was known of her previous personality for this to be certain.

Moreover, further evidence of this association comes from two other cases of Affectionless Character and stealing following a history of prolonged separation from their mothers, both of which have been seen since the main series was closed. The incidence of a history of prolonged separation from the mother in the case of Affectionless thieves is then brought to 14 out of 16 (87 per cent.)

The two cases of Affectionless Character where there was not this history are Nos. 39 and 40. The history and clinical picture in the case of No. 39, Roy D., were unsatisfactory and too much weight need not be placed on this apparent exception. No. 40, Charles K., had a psychotic, probably schizoid, heredity. It may well be that he would be more accurately diagnosed as Schizoid.

Our difficulty here is that the diagnostic criteria for distinguishing the Affectionless and the Schizoid Characters are as yet by no means clear. If we evade this difficulty by pooling the figures for the Affectionless and Schizoid groups, the incidence of prolonged separation remains high—16 out of 20 (80 per cent.). This contrasts with

[10] Chi-squared equals 13·16 for one degree of freedom. P is less than ·01. (*Note.*—All chi-squareds have been subjected to Yates' correction.)

[11] Chi-squared equals 16·39 for one degree of freedom. P is less than ·01.

1 out of 24 of the remaining delinquent cases (4 per cent.), a difference which remains highly significant.[12]

Thus there can be little doubt that prolonged mother-child separations are associated to a high degree both with chronic delinquency in general and with certain types of chronic delinquent in particular.

It is now time to consider the criteria of what constitutes a prolonged mother-child separation, although at this stage of our investigation it is difficult to formulate these criteria precisely. As regards time I have included no case where the break was believed to have been of less than six months. But in the case of children who have been in hospital, length of time is not the only factor to be considered. Much will depend upon whether the child was visited, and again the effects of the visits will themselves be influenced by the age of the child. Thus weekly visits will mean far less to a baby of four months than to a child of 2½ years.

So that the reader can form an impression of what I have designated a ' prolonged separation ', details of the breaks are given below. There were twelve cases of Affectionless Character giving this history :

No. 27, Betty I. Girl aged 5.7. Father deserted. Child put in *succession of foster-homes* between 7 months and 5 years, when she returned home to find mother re-married with two new babies.

No. 28, Derek B. Boy aged 6.0. Fell ill at 18 months and *in hospital* for 9 months unvisited.

No. 29, Raymond E. Boy aged 6.3. *Mother died* at 1 year 3 months. Child lived with aunt for 9 months and then with an older sister.

No. 30, Norman K. Boy aged 7.8. *Mother chronically ill* with T.B. and in sanatoria for long periods when boy between 2 and 5. Looked after by a variety of people.

No. 31, Nansi F. Girl of 7.10. Fell ill at 12 months and *in hospital* 9 months unvisited.

No. 32, Kenneth W. Boy aged 10.6. Father deserted. From 2 months to 3 years *in foster-home* and from 3 years onwards with maternal grandfather.

No. 33, Arthur L. Boy aged 11.6. *Illegitimate.* With mother one month, with great aunt till she died 18 months later, returned to mother for one year, subsequently in foster-home.

No. 34, Derrick O'C. Boy aged 11.6. Unwanted and possibly born before parents married. *Mother working* and boy in foster-home during first 3 years. Then returned to mother.

No. 35, Gordon B. Boy aged 12.0. *Mother died* at 12 months. During next five years in a succession of foster-homes.

No. 36, Marjorie D. Girl aged 12.3. *Illegitimate.* First 20 months unknown. In same foster-home since.

No. 37, Kenneth G. Boy aged 12.11. *Illegitimate.* From 5 months to 3 years in foster-home—then returned to mother.

No. 38, Albert J. Boy aged 9.4. *Illegitimate,* but looked after by aunt from birth. Fell ill at 3 years and *in hospital* for long periods (dates unknown).

Five other thieves had also suffered such separations :

No. 10, James S. Boy aged 12.8. Father died when he was 2 years. *Mother worked* and boy in foster-home until 5 years. Mother visited fortnightly.

No. 24, Raymond G. Boy aged 8.10. Much *hospitalization* during first 3 years with measles, scarlet fever, whooping cough and pneumonia. (Mother stupid and cannot give accurate dates.)

No. 26, John S. Boy aged 9.4. *Mother deserted* at 2.3. Child with grandmother 6 months and in institution for another 18, then returned to mother.

No. 41, Rosemary B. Girl aged 16.2. ? *Illegitimate.* Father deserted. Sent in early years to be looked after by aunt (exact age unknown). At 6 returned to her mother.

No. 44, Edward N. Boy aged 15.0. *Mother died* when boy 10 days old. Looked after by grandparents until 3.6 years, thenceforward by stepmother.

The two further cases, noted above, of Affectionless Character giving this history were :

Ronald M. Boy aged 9.9. I.Q. 97. *In hospital* unvisited from 9 to 17 months.[13]

Florence W. Girl aged 3.8. *In hospital* from 4 to 18 months. Although visited regularly she soon failed to recognize her parents.

Amongst the controls only two children had had comparable breaks. Both had become schizophrenic. One, an adolescent girl, had been sent to foster-parents at the age of two and had stayed with them about three years. The other, an adolescent boy, had been in hospital for periods up to eight months in duration between his third and seventh years. In view of the fact that one of the schizophrenic delinquents had also suffered an early separation, the possibility of these psychological traumas in early life being factors in the

[12] Chi-squared equals 23·36 for one degree of freedom. P is less than ·01.

[13] It is worth recording here that Ronald M. had been under three psychiatrists for a considerable period and had had independent histories taken by two psychiatric social workers before a third, who was aware of the significance of early separations, discovered his period of hospitalization. One of the psychiatrists had hazarded a diagnosis of post-encephalitis, although there was no evidence of any kind to substantiate it. These facts illustrate the uselessness of old case records for research of this kind.

development of adolescent schizophrenia needs consideration.

A third child amongst the controls had been adopted within ten days of birth, having been born illegitimate. Such a very early adoption is different in nature from the separations considered here—namely the separation of a child from the woman whom he has come to rely on, a relationship which is fairly developed at six months but absent during the first few weeks of life. Because of this difference the case has not been counted as a case of early separation.

It is therefore suggested that, to be pathogenic, a separation must occur when the child's capacity for personal relationships has developed at least to a certain point. In this respect the 17 delinquents who had suffered such separations had found themselves in a considerable variety of situations. In seven cases (No. 10, James S., No. 24, Raymond G., No. 26, John S., No. 27, Betty I., No. 28, Derek B., No. 30, Norman K., and No. 31, Nansi F.) there was reason to suppose that the child had developed a fairly normal emotional relation with its own mother before it had, for one reason or another, been separated from her for a long period, later to return. In two further cases (No. 29, Raymond E., and No. 35, Gordon B.) a stable relation with their mothers had, presumably, developed during the first 12 months of the children's lives but was then cut short by their mothers' deaths. Neither of them subsequently found a satisfactory and stable foster-mother. Thus in 9 of the 17 cases the child's first emotional relation had been with its own mother, but this had for various reasons been interrupted between the age of 12 months and 4 years.

On the other hand there were six children (No. 32, Kenneth W., No. 33, Arthur L., No. 34, Derrick O'C., No. 37, Kenneth G., No. 38, Albert J., and No. 44, Edward N.) who had never developed a relationship to their biological mothers at all, having in each case been placed with a foster-mother during the first few weeks of life.[14] In none of these cases was there reason to believe that this move had been pathogenic, though information of course was scanty. The separations which seemed to have been responsible for later problems were when, during their second, third or fourth years, the children had been parted from their foster-mothers. Kenneth W. had been parted from his foster-mother at 3 years of age and had henceforward lived with a drunken grandfather. Arthur's foster-mother (his great aunt) died when he was 18 months old. Derrick left his foster-mother to return to his mother, who was nursing a new baby, when he was three. Albert spent long periods in hospital. Kenneth G. and Edward both left their foster-homes at about 3 years of age to return to their biological homes, though in neither case did the children know their real parents.

These data suggest that separation from a foster-mother who has had the child since his first few weeks of life has the same result psychologically as the separation of a child from his real mother. Much more detailed research is of course required before conclusions are reliable. It appears however that where a child has been looked after by a foster-mother almost from birth, his relation to his foster-mother becomes his primary emotional relationship. In these circumstances the separation from or loss of the foster-mother is the cause of the psychical trauma. And this remains so even when the child is parted from his foster-mother to be returned to his real mother, if she is a stranger to him. This happened for instance in the case of No. 37, Kenneth G. He had hardly seen his real mother until his return to her at 3 years of age and it is consequently hardly surprising to find that he bitterly resented the move and even at the age of 12 still yearned to return to his foster-parents.[15]

Thus the essential factor which all these separations have in common is that, during the early development of his object-relationships, the child is suddenly removed and placed with strangers. He is snatched away from the people and places which are familiar to him and whom he loves and placed with people and in surroundings which are unknown and alarming. This situation must be distinguished sharply from the situation in which the child, having lost his mother for one reason or another in his early years, is henceforward looked after by close relatives whom he already knows. In such cases there may well be emotional shock, but a libidinal tie already exists with the woman who is to take his mother's place, perhaps an aunt, a grandmother or elder sister, and, because it exists, can be fairly easily developed. It is the difficulty of developing new libidinal relationships where none have previously existed or in circumstances traumatic for those already in being which appears to be critical in the development of the Affectionless and Delinquent Character.

Another point of importance which emerges from the evidence is that in the great majority of cases more than one interruption of the child's relationship with his mother-figure has occurred. Many of these children were in more than one foster-home. In the case of the hospitalized children, returning home *from* hospital may well have been as great a shock as being suddenly swept off *to* hospital. For, if he has not been visited, a small child will either have forgotten his mother altogether or else perhaps have come to regard her as a faithless and therefore hateful person.

[14] Information was lacking in the remaining two cases, No. 36, Marjorie D., and No. 41, Rosemary B. Both were illegitimate and it is unknown to whom they formed their first object-relationships, and from whom they were later separated.

[15] Significantly enough Field Marshal Goering is said to have had almost exactly the same early experience as this boy; at the age of twelve he also yearned to return to his foster-parents and was later, like Kenneth, a tempestuous, cruel and antisocial boy.

If we include the four hospital cases, we find that more than one change occurred in no less than 14 of the 17 cases. In the remaining three (No. 32, Kenneth W., No. 37, Kenneth G., and No. 44, Edward N.), where only a single transfer occurred apart from changes in the earliest weeks, there were other adverse circumstances which probably aggravated the situation. In the first place not one of them was brought up by his real mother during his early years, a situation which is apt to lead to less satisfactory emotional relationships than when the real mother brings the child up. Secondly, in each case, special conditions existed at the time of or after the transfer. Kenneth W., after spending his first three years in a foster-home, returned to live with his grandfather who was a very heavy drinker. Kenneth G., having also spent his first three years in a foster-home, returned to his mother, who had an intense dislike of him owing to his having been born out of wedlock. In the case of Edward N. the emotional effects of his transfer from grandparents to stepmother at 3½ are unlikely to have been eased by an intervening six weeks in hospital. The possibility must therefore be borne in mind that a single interruption of the mother-child relationship may not alone produce the damaging effects which have been observed.

One further fact is to be noted. In practically all these cases the separation which appears to have been pathogenic occurred after the age of six months and in a majority after twelve months. This suggests that there is a lower age limit, before which separations, whilst perhaps having undesirable effects, do not produce the particular results we are concerned with here—the Affectionless and Delinquent Character. Further research into the effects which separations occurring at different periods of the baby's first 18 months may have is clearly called for. Apart from casting light on our present problem, such information would go far to extend our knowledge of the development of an infant's object-relationships, an understanding of which is as important for the psychopathologist as is an understanding of chromosomes for the geneticist or the atom for the physicist.

The precise conditions under which prolonged early separations are pathogenic thus remain obscure. That events of this kind are in fact the cause of the abnormal personalities and not merely fortuitously associated with them is, however, demonstrated by the direct evidence of the child's reaction to the event, evidence of which is available in several of the cases. The mother of No. 28, Derek B., described him on his return from nine months in hospital as 'a little stranger'. He refused all food and had to be 'left to starve for a while'. She described 'how it seemed like looking after someone else's baby. He did not know us. He called me "nurse" and seemed to have no affection for us at all.' No. 31, Nansi F., after a similar experience in hospital, was frightened and babyish on her return home. For some months she wetted and soiled her bed every night, although previously she had been clean. She always remained the 'odd one out' and treated major events in the family, such as the birth of a new baby, as though they did not concern her. No. 27, Betty I., who was away in various homes from the age of nine months to that of nearly five years, was said nine months later to 'behave as though she had just come in to play and does not seem to belong'. No. 30, Norman K., whose mother had been in sanatoria for long periods, was described as behaving as though he felt he did not belong in the family.

Such accounts given by the children's own mothers are vivid evidence of the shattering effect which these long separations have on the emotional bonds which usually unite mother and child. The child himself feels, almost literally, a lost soul. The mother also feels she has lost *her* child, since he no longer behaves as though he were her child. This naturally constitutes a very severe emotional shock to the mothers, many of whom find it difficult thereafter to treat the child with normal affection, let alone the very special care which he obviously needs.

If further evidence is required of the devastating effect on a child's personality of an early separation, it is to be found in the story of a little girl of 3½, Florence W., whose case, as already stated, falls outside the main series.

When she was four months old Florence was sent to hospital for impetigo. She remained in the hospital for fourteen months. Her parents visited her frequently, but gradually the child lost all interest in them and did not recognize them. On her return home at eighteen months she was very upset and did not settle down. When examined two years later, her character was typically Affectionless. She took no notice of her mother, but when spoken to just stood and gazed. She showed her no affection and usually addressed her as Mrs. W.; only very occasionally did she call her 'Mum'. Nevertheless she claimed the parents of other children as her own. In keeping with this lack of attachment to her parents and home was her frequent wandering away, drifting heedlessly amongst the traffic. When added to these traits we find an irrational aggressiveness to other children and habitual pilfering from her mother and the neighbouring sweet-shops, the connections between an early separation, the development of an Affectionless Character and a tendency to chronic stealing are clear.

We may therefore be a little astonished to find how lightly early separations have been treated by most workers in this field. Burt (4) for example places these early separations amongst the *minor* factors in the origin of delinquency. His actual figures hardly warrant such a conclusion. Thus he

found that 23·5 per cent. of the boys and 36·5 per cent. of the girls had suffered prolonged absence from their parents. This contrasted with figures of 1·5 and 0·5 per cent. respectively for the controls. Indeed the literature on delinquency is teeming with examples of children who, having suffered an early separation, developed a delinquent character. It is therefore all the more remarkable that, so far as I can discover, the existence of this specific break in the child's emotional development has never been incriminated as the outstanding cause of his delinquent character and behaviour.

Except for Burt's figures, which are valuable confirmation, I have been unable to find any direct reference to this subject in the literature. The results of investigations into broken homes are usually useless for comparison for reasons already given. Two investigations are worth mentioning, however, because they both illustrate the great importance of disturbances *during the early years*. In one of the Gluecks' investigations (6) the age of the child when the break in the family occurred is given. Out of 966 juvenile delinquents, 429 came from broken homes. In 40 per cent. of the 429 (about 19 per cent. of the total) the break had occurred before the child was five years old. A similar analysis by Armstrong (1) gave comparable results. Of 600 runaway children 29 per cent. had had their homes broken before the age of four, and a further 28 per cent. between four and six years. Of 30 ' incorrigibles ', 12 (40 per cent.) had suffered broken homes before they were four years and a further six between the ages of four and six years.

Further indirect evidence is afforded by the recent research of Norwood East and Hubert (10). Out of 26 cases illustrative of Borstal boys and adolescent prisoners who appeared specially difficult and either would not profit or had not profited by training, exactly half [16] had probably suffered early separations. Details are not given of all the cases and the actual proportion may have been higher.

On the basis of this varied evidence it appears that there is a very strong case indeed for believing that *prolonged separation of a child from his mother (or mother-substitute) during the first five years of life stands foremost among the causes of delinquent character development and persistent misbehaviour.*

Nevertheless much further research is required to elucidate the details and to discover what proportion of children who suffer such separations become delinquent and unstable characters. As described later, research is also required into the nature of the psychological reaction to the separation and the precise ways in which it leads to the development of delinquent character.

(*b*) *Emotional Attitude of Parents*

Although an early and prolonged separation of the child from his mother seemed to account for the origin of 17 of the 44 cases of delinquency, it played no part in the remaining 27. On the other hand, in very many of these other cases the home environment was very far from what it is believed to be in the normal household. Several children were definitely unwanted; anxious, unstable and nagging mothers were frequent, whilst a few children had fathers who hated them outright. Unlike the incidence of early separation, however, the incidence of these factors was no greater amongst the thieves than it was amongst the control group of neurotic and unstable children. If these factors have ætiological significance, therefore, they would appear to be pathogenic of unstable and neurotic character in general and not specifically of delinquent character.

Pending the collection of adequate control data on normal children we can do no more than speculate on the ætiological significance of these factors for instability or delinquency generally. Nevertheless the extraordinary frequency of unsatisfactory emotional attitudes on the part of the parents, both of the thieves and of the control group of neurotic children, together with much qualitative evidence, strongly suggests that these factors will later prove to be of outstanding importance in the development of unstable character. It is for this reason and for completeness' sake that detailed treatment of the data may be justified. The degree of certainty with which these factors are incriminated, however, is altogether different from that which attaches to the prolonged separations already discussed.

If we consider first the characters and attitudes of the mothers of the 27 thieves who had not suffered early separations we find the following:

No. 1, Claud W. Mother immoral, violent and nagging.

No. 2, Clifford H. Mother extremely anxious, fussing, critical and hypochondriacal.

No. 3, Lily T. Mother drunken and cruel. Did not want the child.

No. 4, Fred B. Mother very anxious and critical. Shouts and terrifies the children.

No. 5, Winnie P. Mother sensitive and reserved —developed melancholia when Winnie was 12.

No. 6, Denis H. Mother nagging and very severe. Had not wanted the child.

No. 7, Walter N. (Mother dead and character unknown.)

No. 8, John M. Mother pleasant and normal.

No. 9, Edward G. L. (Mother dead and character unknown.)

No. 11, Kathleen P. Mother extremely unstable

[16] The short descriptions of Case Nos. 3, 5, 7, 8, 10, 12, 13, 14, 16, 18, 21, 23 and 25 have led me to this conclusion. The indications are admittedly indirect in some cases—as for instance No. 8, John M., who we are only told was illegitimate.

and jealous. Had curious sexual ideas about the children and had been seen thrashing dogs in a sadistic way.

No. 12, Audrey H. Mother pleasant and normal.

No. 13, Ivy B. Mother had been hot-tempered and difficult and suffered from nerves. Did not want the child.

No. 14, Alma M. Mother excitable and anxious. Resented the child being a girl.

No. 15, Monica P. Mother extremely anxious and irritable. Severe Graves' disease.

No. 16, David J. Mother nervous and fussy.

No. 17, Leslie M. Mother extremely anxious, fussy and nags her only son.

No. 18, Headley J. Mother unstable, anxious and obsessional. Did not want the child.

No. 19, Patricia C. (Mother dead and character unknown.)

No. 20, Ronald H. Mother extremely nervous and sensitive. Did not want the child.

No. 21, Leo W. Mother alternates between violent domination and sentimentality.

No. 22, Winnie E. Mother quite pleasant but epileptic.

No. 23, Edward N. L. Mother fairly normal.

No. 25, Reginald S. Mother fairly normal.

No. 39, Roy D. Mother anxious and very unstable in her attitude to the boy.

No. 40, Charles K. Mother fairly normal.

No. 42, Peter S. Mother fairly normal.

No. 43, Alan E. Mother psychotic. Previously extremely anxious and overprotective of the boy.

From this it will be seen that, even omitting the epileptic mother, no fewer than 17 of the 27 children had mothers who were neurotic and unbalanced in their attitude towards their children. Of these, five stated that the delinquent child had always been unwanted and a sixth that she resented its having been of the wrong sex. Since the character and attitude of three of the mothers were unknown, there remain only seven mothers (including the epileptic) who were fairly normal in these respects.

This incidence of 17 out of 24 (omitting the three unknown) compares with 32 out of 42 (omitting the two cases of prolonged separation) for the controls. These 32 children had mothers who were either seriously anxious, irritable and depressed or else rigid, domineering and overcritical. The proportion in the two cases is thus almost identical at about 70–75 per cent. It is difficult to believe that a control group of normal children would show an incidence of maternal instability or severity one-half as great as this.

If we consider the 17 unstable and neurotic mothers of the delinquents we find that the great majority are described by such adjectives as violent, nagging, critical or irritable. In other words excessive aggression, either conscious or unconscious, is a prominent feature of their make-up. In most cases, as the histories show, their aggression had for long been directed against the delinquents, sometimes as the principal target, at other times as one of many. In a previous paper (3) I have attempted to describe the ways in which an ambivalent attitude on the part of a mother will make for emotional difficulties in her child. The topic is a large and important one and can only be touched upon here. The following account appears to explain the principal features of many of the cases.

If a child's mother is irritable, critical and nagging, the unnecessary interference and frustration which results will in many children call forth excessive anger and aggression. Frustration will also increase greed both for affection and for tokens of affection. In this way aggression and greed can be pathologically stimulated in early childhood, and moreover these antisocial impulses will be directed especially against the frustrating and irritable mother. Thus a vicious circle is set up—the mother being hostile to the child, the child paying his mother back in the same coin and the mother then having further grounds for irritation and anger.

Because the child also loves his mother, however, he will feel very anxious and guilty about having such unkind impulses towards her. Anxiety and guilt are thus increased *pari passu* with the aggression. Moreover, the constant criticism from his mother will operate still further to increase the child's guilt.

This state of affairs appears to lead to a variety of pathological reactions. Not infrequently it produces a rebellious and boastful character. This had almost certainly been the course of events in cases such as No. 15, Monica P., No. 16, David J., No. 17, Leslie M., No. 18, Headley J., No. 20, Ronald H., and No. 21, Leo W.

Monica, for instance, was extremely rebellious and antagonistic towards her mother, who was a severely anxious and irritable woman. Monica was greedy and jealous and stole milk soon after the new baby was born. But in addition to being antagonistic and greedy, she was also very guilty, as her intolerance of criticism clearly showed. In no circumstances could she bear being thought badly of and on such occasions she characteristically carried the war into her opponents' camp by levelling all sorts of criticism at them.

This underlying guilt was even more obvious in the case of Leo W. His mother was an extraordinarily aggressive and unpleasant woman who had evidently brought the boy up with a mixture of severe punishment alternating with sentimentality. She constantly criticized the boy and compared him unfavourably with his elder brother. It was perhaps not surprising that he got some of his own back through stealing. But, despite his devil-may-care attitude, this boy suffered at times pangs of suicidal depression, as when he remarked

to his mother: 'I know I am a wicked boy; you had better murder me, then I will be out of your life.' The origin of the very intense guilt against which this boy was reacting was probably very largely due to his mother's attitude towards him. Another possible source should however be mentioned. When Leo was two years old, a new baby had been born and had died soon after birth. Such an event of course is not infrequently believed by the older child to be caused by his own jealousy and desire that the baby should die. Naturally, once this idea has developed, intense feelings of guilt will be felt. A nagging and critizing mother, moreover, is not likely to make matters better and in some cases she may clearly make them worse.

For instance, the aggressive hyperthymic of the control group, Cyril R., a boy aged 5.8, who seemed clearly destined for a delinquent career, had had two younger sisters both of whom had died of diarrhœa and vomiting in infancy. His mother was an extremely neurotic woman who was intensely disturbed by each of their deaths, for which, perhaps with some reason, she clearly felt herself to blame. But instead of blaming herself she blamed Cyril, openly stating that she wished he had died instead of the baby. On one occasion she alleged that the baby's death was entirely due to Cyril having hit the baby on the head with a mug. The mistress of the infant school to which Cyril went reported that on each occasion she had been shocked by Mrs. R.'s bitter and reproachful attitude towards the boy. Such events must immensely increase a child's sense of guilt. A reaction of aggressive boastfulness as compensation is consequently not surprising.

The resentful and hostile attitude of the delinquents' mothers to their children was in some cases glaringly evident at the first interview, but in others it was by no means so. Some of them were genuinely ashamed of such feelings and many were apprehensive of criticism. As a result it was often not until after several therapeutic interviews by a psychiatric social worker that the mother could bring herself to confess her real feelings. This is of importance for future research; unless skilled social workers, trained in the assessment of emotional attitudes, are available to give, if need be, a number of interviews to mothers, conclusions about the family situation in which delinquents find themselves are likely to be gravely misleading.

I have considered the mothers first, both because our evidence about their attitudes is first hand and also because it is clear that they have greater influence than do fathers in their children's early and most important years. Information about the fathers' attitudes is almost always second-hand from the mothers, but in the cases given is believed to be reliable.

When considering the fathers we are once again faced with a remarkable proportion who are hostile to their children. Several of them never wanted the child and neglected few means of letting him know it. This situation was present in 5 of the 27 cases who had not suffered an early separation, and also in one that had (No. 30, Norman K.):

No. 12, Audrey H. Was probably wanted, but after her younger brother's death father constantly blamed her for the accident.

No. 22, Winnie E. Father openly disliked child, often beat her, never gave her present, and openly favoured younger sister. (Mother developed epilepsy during the pregnancy and it is possible that father blamed the child for this.)

No. 25, Reginald S. Father, a morose man, who hated the child, shouted at him and gave him neither affection nor presents.

No. 39, Roy D. Father never wanted children and took no notice of them. Had never been out with them since they were born.

No. 42, Peter S. Father silent, morose, disliked the children, whom he punished severely.

No. 30, Norman K. Had had an early separation. Father disliked all children. Norman was the second and therefore very much unwanted.

It is interesting to note that four of the seven children credited with mothers whose attitude was fairly normal are in the above list (Nos. 12, 22, 25 and 42).

In three cases (No. 22, Winnie E., No. 25, Reginald S., and No. 39, Roy D.) the influence of the father seemed of outstanding importance in contributing to the child's unfavourable character development. All these children had developed into active and incorrigible rogues (the first two Hyperthymic, the third Affectionless). In their general history and character these three are reminiscent of one of a pair of twins, reported by Healy and Bronner (8). These twins were both boys but whereas one developed into a normal sociable child the other became 'exceedingly restless, active, impulsive, uninhibited',[17] tended to show off and evidently took active pleasure in delinquency. It seems probable that in terms of the classification used here he would be accounted either a Hyperthymic or else an active Affectionless Character. Regarding the home surroundings of these two boys the authors state: 'An amazing difference of attitude on the part of the father toward the delinquent and the control was reported to us and acknowledged by him. He maintained that the cause of it was the stubborn lack of response to him shown by the delinquent when an infant, only two months old. He said he detested the boy then and had ever since—" I can't bear to have him touch me. I would rather have a snake around me than have him ". . . . The mother

[17] The term 'uninhibited' is of course quite inapplicable to a case of this kind. If studied closely severe inhibitions of the feelings of affection, regret and sorrow are to be found.

stated that the father always repulsed the boy when the latter attempted to climb on his knee.'

Since in this instance the normal twin acted as a control, it is reasonable to conclude that the unfavoured twin developed a delinquent character partly or wholly because of his father's attitude towards him. This conclusion was supported by much internal evidence. For instance, although both parents insisted that the delinquent had never shown much feeling about being disliked by his father, when interviewed by the psychiatrist very violent hostility to his father was shown and this was related closely to his delinquencies. The psychopathology of this case, as of the similar cases in the present series, is probably not unlike that already outlined in the discussion on the influence of over-critical or hostile mothers.

A comparison with the controls in respect of the father's attitude is not very meaningful as the data are incomplete. It is known, however, that at least 2 of the 12 controls whose mothers were fairly normal had fathers who were violent in their behaviour.

I have dealt at some length with the pathogenic influence of a bad early environment, both because it appears to me of paramount importance in an understanding of the development of unstable, neurotic and delinquent character and also because it is habitually ignored. The comments of barristers, judge and press on the four 'Mayfair Men', found guilty in 1938 of the robbery with violence of a jewel merchant, two of whom were sentenced to be flogged, is typical of the lay attitude to this question. Again and again it was asserted that these men had no excuse because they were of good family and were educated at public schools. No account was taken of their recent home environments, let alone the early environment in which their characters developed. It is possible of course that these were of no special consequence, but it is significant that one of them at least was stated to have lost both his parents when he was a baby.

We can perhaps excuse the lawyers and the press their ignorance in such cases, but we must protest when it appears in the writings of psychiatrists who have made a special study of these problems. Norwood East and Hubert (10) for instance in discussing a case of 'constitutional psychic inferiority' remark that it was a case which showed 'no relationship to early or later unsatisfactory environment'. This statement follows a very brief history in which we read that the boy was illegitimate, was born in a Salvation Army home and was adopted at the age of ten years by foster-parents (Case VIII, p. 47).

A similar assertion is made about a case reported by Gordon (7). He describes a girl who seems to have been of a typically Affectionless Character—selfish, egocentric and 'incapable of giving or taking affection'. After relating a history of the girl's mother dying when she was an infant and the child being brought up by 'amiable but elderly grandparents' Gordon concludes 'the trouble was inherent, the blame lying in some antecedent defect of stock . . .'. The fact that the child had had 'a few epileptic fits in childhood and was subject to outbursts of temper' is taken as adequate grounds for asserting that 'the influence of the broken home was negligible, and in her case there was an inherent incapacity for social adjustment and environment or treatment would have had no beneficial effect because there was no straw of which to make bricks'.

Such assertions, made without a shred of evidence, serve only to confuse counsel and to cast a stain upon the reputation of our science. Not until we have obtained a full and detailed history of a child's environment and of his reaction to it from birth onwards, with especial reference to the emotional atmosphere of the home, and compared our findings with those for a control group, have we the right to conclude that the environment was of no account.

(3) Traumatic Experiences of Later Childhood

In considering ætiology, particular attention has been given to the influence of the early home environment. Unless due weight is given to this factor, the persistent thief will remain, I believe, an unfathomed mystery and a misunderstood human being. Nevertheless the contemporary environment cannot be ignored. In the first place some of the adverse factors which operate in the early years may continue to operate later. Thus an anxious nagging mother or a father who hates them will upset children when they are ten years of age as well as when they are small. Nevertheless there is reason to believe that influences of this kind when exerted on older children do not have the same effect that they have on younger ones. In the series of cases presented here, as has already been shown, almost all the children had been of abnormal and unstable character for many years. In many cases the history of their instability could be traced unequivocably to the first few years of life; in practically all the others there was a strong probability that a full history would have revealed it. And since it is clear that it is the abnormal character of these children that is the root of the problem of their stealing, any influence which comes into play after the formation of the unsatisfactory character is completed will naturally be regarded as of secondary importance.

Whilst there were many cases in the present series where unfavourable parental attitudes were clearly aggravating the child's condition, there was only one where it was thought to be of greater significance than the already neurotic or delinquent cast of the child's personality. This was case No. 1, Claud W. His stealing, which was only from his

mother, appeared to be a direct reaction to her nagging attitude and demands for his weekly earnings. When away from her in a hostel he was much happier and settled down sociably.

It will, of course, be pointed out that in certain other cases removing a child from his present surroundings stopped the stealing. Such a case was No. 5, Winnie P. She had got into the company of another girl who was undoubtedly the leader in the stealing. Winnie played second fiddle and did little more than keep a good look-out. Separating the girls stopped Winnie's stealing. But the question remains, why did Winnie get under the influence of this girl? There were dozens of other girls in the school who ignored their delinquent classmate, but Winnie fell in with her. In this particular case there is no immediate evidence, but often it is abundantly clear that a passive delinquent character falls in with an active one because it suits him. In other words children as well as adults are frequently the authors and choosers of their environment—not the victims of it. This was clearly so with the Affectionless Characters and the aggressive Hyperthymics. In common parlance they were crooks, and it was no surprise to find that they consorted with other crooks and avoided honest and, to others, more desirable company. Unless this active choice of bad company is clearly recognized, far too much emphasis will be laid upon the influence of the present environment.

There are, however, cases where it appears that, but for a relatively recent incident, a child would not have become delinquent. Such an incident is the death or serious illness of a near relative. Children are far more seriously upset by illness and death than is commonly allowed for. If we recall how heartbroken a child can be over a damaged doll or the death of a favourite dog, we shall perhaps be able to imagine dimly how he will feel when his mother or brother dies. And when the child is already of an unstable character the shock will be all the greater. The reaction of each child will vary but the usual form it takes is one either of depression or of defiant over-activity. In this particular series there is no example of the latter, and I am indebted to colleagues for examples. In one such case an adolescent boy left home against his mother's wishes. She died soon afterwards and he, perhaps not unnaturally, felt that he was to blame for it. This thought made him desperate. He organized a gang of boys, broke into shops and used a revolver on the police. Another boy whose mother had been desperately ill at home for some months began breaking shop windows.[18]

In this series of cases depression is the principal reaction and the traumatic experiences have already been mentioned when describing the Depressed cases. For convenience, however, they may be listed here, with the age of the patient when the event occurred:

No. 8, John M. At 6.5 present at his mother's confinement. Mother taken to hospital in a collapsed condition and believed by the child to be dead.

No. 9, Edward G. L. At 12 years mother died.

No. 10, James S. At 10 years mother in hospital and patient away from home.

No. 12, Audrey H. At 8 years brother killed before her eyes.

No. 13, Ivy B. At 8 years mother died.

It is not unlikely that their mothers' deaths had also upset No. 19, Patricia C., and No. 7, Walter N. A very unsympathetic step-mother may also have played a part in the latter case.

Of course it is not every child who reacts to death or illness by developing a depression or by hypomanic behaviour and often we have evidence, or may infer, that the child who does so was unstable before the event. On the other hand, the experiences to which No. 8, John M., and No. 12, Audrey H., were subject were exceptionally distressing and calculated perhaps to precipitate symptoms in all but the most insensitive.

The incidents which precipitated over-activity or depression in the remaining four cases were such as many children go through without disturbance of any kind. They could only have had an adverse effect on a child already far from stable. Jealousy of a new baby played its part in two cases:

No. 14, Alma M. Was away from home for three months when she was eight, during which time her younger brother remained at home.

No. 15, Monica P. Was an only child until she was 11½. She was jealous of the baby and stole milk soon after its birth.

Of the remaining two cases, both of Depression:

No. 6, Denis H. Had become depressed after his brother's birth some years previously and had remained so. Serious delinquency came on after his first offence, for which he was charged.

No. 11, Kathleen P. Became worried and depressed on failing in her school work after being moved up two classes.

This makes a total of 11 cases in which a recent traumatic event precipitated a syndrome of which stealing was a part. This incidence is approximately the same as for the control group where comparable events could be traced in at least a similar number of cases. Such events therefore, if of ætiological significance, appear to be associated with instability and maladaptation in general and not with stealing in particular.

[18] I am indebted to verbal communications from Dr. Ruddy and Dr. Burberry for these two examples.

TABLE IX

Distribution of Ætiological Factors by Case

Character Group	Case No.	Name	Degree of Stealing	ÆTIOLOGICAL FACTORS				
				Possible Presence of Genetic Factor	Prolonged Separation from Mother	Ambivalent or Hostile Mother or Foster-Mother	Child Hated by Father	Recent Traumatic Event
EMOTIONALLY NORMAL.	1	Claud W.	II	...	...	++	...	...
	2	Clifford H.	II	+	...	++	...	...
DEPRESSED	3	Lily T.	III	+	...	++	...	...
	4	Fred B.	I	+	...	++	...	...
	5	Winnie P	IV	++	...	+	...	...
	6	Denis H.	III	...	...	++	...	+
	7	Walter N.	II	...	...	...	...	+
	8	John M.	II	+	...	...	...	++
	9	Edward G. L.	II	...	...	...	...	++
	10	James S.	III	+	++	+	...	++
	11	Kathleen P.	II	+	...	++	...	++
CIRCULAR	12	Audrey H.	III	...	...	...	+	++
	13	Ivy B.	III	...	...	+	...	++
HYPERTHYMIC	14	Alma M.	IV	...	...	++	...	+
	15	Monica P.	I	+	...	++	...	+
	16	David J.	I	...	...	++	...	...
	17	Leslie M.	II	++	...	++	...	...
	18	Headley J.	II	+	...	++	...	...
	19	Patricia C.	III	...	...	...	...	++
	20	Ronald H.	IV	+	...	++	...	...
	21	Leo W.	IV	...	...	++	...	...
	22	Winnie E.	IV	+	...	+	++	...
	23	Edward N. L.	I (IV)	...	...	...	...	...
	24	Raymond G.	IV	...	++	...	...	...
	25	Reggie S.	III	+	...	...	++	...
	26	John S.	IV	...	++	...	...	...
AFFECTIONLESS	27	Betty I.	IV	+	++	...	...	...
	28	Derek B.	IV	...	++	...	...	...
	29	Raymond E.	IV	...	++	+	...	...
	30	Norman K.	IV	...	++	...	+	...
	31	Nansi F.	IV	...	++	...	...	...
	32	Kenneth W.	IV	...	++	...	...	...
	33	Arthur L.	IV	...	++	...	...	...
	34	Derrick O'C.	IV	...	++	...	...	...
	35	Gordon B.	IV	...	++	...	...	...
	36	Marjorie D.	IV	?	++	...	...	...
	37	Kenneth G.	III	?	++	...	...	...
	38	Albert J.	IV	++	+	++	...	...
	39	Roy D.	IV	...	...	+	++	...
	40	Charles K.	IV	++	...	...	...	...
SCHIZOID AND SCHIZOPHRENIC	41	Rosemary B.	III	?	++	...	...	...
	42	Peter S.	III	+	...	...	+	...
	43	Alan E.	IV	++	...	+	...	...
	44	Edward N.	IV	++	++	...	...	...
Total Incidence of Factors				19	17	21	6	11
++ Incidence of Factors				6	16	14	3	7

In most of the cases, in fact, the stealing was clearly a part of the wider syndrome of Depression, which had been precipitated by the event in question. The psychological process which leads a depressed child to steal is not always very clear. In certain cases the desire to make restitution to the dead person appears to play an important part. For instance, Audrey stole ostensibly in order to give her younger brothers cakes for tea, but it seemed likely that this desire was a legacy of a desire to give something to her brother, Peter, when he was dying. On seeing him run over she had at once gone to a shop to get a glass of water, but, by the time she had got it, the crowd had grown so thick she could not get near him. The water remained in her hand—an ungiven gift. Restitution is no doubt only one of several factors; an adequate understanding of the psychopathology of stealing in cases of Depression must await the analysis of a number of representative cases.

(4) Summary of Ætiological Factors

We have now discussed five factors which are believed to be of significance in the development of abnormal characters prone to delinquency. These are (i) genetic, (ii) early and prolonged separation of child from mother, (iii) the effects in the early years of an ambivalent, hostile or anxious mother, (iv) the effects in the early years of a father who actively and openly dislikes the child, (v) traumatic experiences of later years. In a majority of children more than one of these factors was present. An outline of the way in which they interact to influence the lives of individual children is illustrated in the case histories already given.

Meanwhile it is interesting to plot the presence or absence of these factors for each child. Table IX is conservatively constructed and unquestionably leaves out many factors which are less easily listed but which were none the less inimical to satisfactory character development. For instance, No. 32, Kenneth W., after leaving his foster-mother lived for six years with a drunken grandfather. This factor was probably of secondary significance compared to the break in his relation to his foster-mother, but can hardly be ignored.

In the table a double plus indicates the factor which has seemed to be of outstanding importance ætiologically. A double plus under genetic factors always implies psychotic family history. It should be noted that in three cases (Nos. 7, 23 and 42) no classifiable factor is clearly of more importance than others, whilst in five (Nos. 10, 11, 17, 38 and 44) two factors are believed each to be of outstanding significance.

This table shows that in a majority of cases more than one classifiable ætiological factor was present. Thus in twenty cases two such factors were present, in four cases three and in one case four. The one patient where none were present, No. 23, Edward N. L., was of a seriously unstable Hyperthymic character, the origin of which remains obscure.

It will be noticed that, when the total incidence of each factor is considered, three factors, possible genetic, a prolonged separation of child from mother or foster-mother and an ambivalent or hostile mother, each have high incidence—between 40 and 50 per cent. of cases. Their incidence, however, is not the same in the different types of case. This is shown in Table X, where the incidence of each factor is plotted against the character type of the thief. (The two Circular cases have been fused with the Depressives with which they have much in common.)

If we ignore the 'Normals' and Schizoids owing to their small numbers and concentrate attention on the other three groups the following points can be observed:—

(*a*) The incidence of possible genetic factors is high both for the Depressed (6 out of 11) and for the Hyperthymics (6 out of 13). It is lower, though not significantly so,[19] for the Affectionless Characters (3 out of 12, two cases being omitted owing to evidence about them being insufficient).

(*b*) The incidence of prolonged separations is far higher in the case of the Affectionless Characters

Table X

Incidence of Ætiological Factors by Character Type

Character Type	No. of Cases	Ætiological Factors				
		Possible Genetic	Prolonged Separations	Ambivalent Mother	Hatred by Father	Recent Traumatic Event
'Normal'	2	1	—	2	—	—
Depressed and Circular	11	6	1	7	1	8
Hyperthymic	13	6	2	8	2	3
Affectionless	14	3	12	3	2	—
Schizoid	4	3	2	1	1	—
Total	44	19	17	21	6	11

[19] Chi-squared for the Affectionless Characters against the other two groups combined equals 1·16 for one degree of freedom. P lies between ·2 and ·3.

(12 out of 14) than in either of the other groups (1 out of 11 and 2 out of 13 respectively). This difference is highly significant.[20]

(*c*) The incidence of hostile and ambivalent mothers is high in both the Depressed (7 out of 11) and Hyperthymic groups (8 out of 13), but low in the case of the Affectionless Characters (3 out of 14). This difference is again significant.[21]

(*d*) The incidence of fathers who hate their children is relatively low in all groups (1 out of 11, 2 out of 13 and 2 out of 14, respectively).

(*e*) The incidence of recent traumas is high for the Depressed (8 out of 11), but low for the other two groups (3 out of 13 and 1 out of 14, respectively). This difference is significant.[22]

Thus in the case of the Depressed and Circular did not steal, are also included for purposes of comparison.

The first point to note in this table is that the less serious thieves differ in no respect from the controls ; for each of the five factors the variations in incidence lie within the boundaries of chance.[23] This is most important although perhaps hardly surprising, for all except one of these less serious cases of stealing were of character types similar to the controls (see Table VI).

When we compare these two groups with the group of habitual thieves, however, certain striking differences are to be observed. In respect of two factors (genetic factors and hostile fathers) no significant differences occur. Two other factors (ambivalent mothers and recent traumatic events)

TABLE XI

Incidence of Ætiological Factors by Degree of Stealing

Degree of Stealing	No. of Cases	ÆTIOLOGICAL FACTORS				
		Possible Genetic	Prolonged Separations	Ambivalent Mothers	Hatred by Fathers	Recent Traumatic Event
Grade IV	23	8	14	9	3	1
Grade III	10	4	3	4	3	5
Grade II	8	5	—	5	—	4
Grade I	3	2	—	3	—	1
Total Grades, I, II and III .	21	11	3	12	3	10
Controls	44	19	2	32	7	11

thieves two factors are of principal importance, ambivalent mothers and recent traumas. In the case of the Hyperthymics, ambivalent mothers continue to be important, whilst other factors, though present, are relatively infrequent. Finally in the case of the Affectionless Characters prolonged separations are of outstanding importance and all other factors ' also rans '. Genetic factors and fathers who hate their children are not significantly more frequent in one group than another.

This differential incidence of ætiological factors by character type is striking ; their differential incidence by degree of stealing is equally so. This is set out in Table XI ; the controls, who of course occur *less* frequently in the group of habitual thieves than in the other groups to a degree which is probably significant in both cases.[24] Finally, prolonged separations, as might have been expected from what has gone before, prove to be far *more* frequent in the case of the habitual offenders than in either of the other groups[25]; the differences are highly significant.

Four of the five factors can therefore be ruled out as conducing *specifically* to Delinquency. These are genetic factors, ambivalent mothers, hostile fathers and recent traumatic events. Whilst possibly, even probably, of considerable importance in the ætiology of unstable and maladapted

[20] Chi-squared for the Affectionless Characters against the other two groups combined equals 16·89 for one degree of freedom. P is less than ·01.

[21] Chi-squared for the Affectionless Characters against the other two groups combined equals 4·45. P lies between ·05 and ·02.

[22] Chi-squared for the Depressed and Circular cases against the other two groups combined equals 9·60 for one degree of freedom. P is less than ·01.

[23] Chi-squareds equal 0·18, 0·78, 2·37, 0·04, and 3·76 respectively, for one degree of freedom. P is greater than ·1 for all but the last for which it lies between ·1 and ·05. Had the latter significance been such that the incidence of recent traumatic events for the controls was greater than in the case of the less serious thieves, and so much greater than for the habitual offenders, this borderline significance would require attention. Since, however, it is in the opposite direction it can be ignored in the present argument.

[24] In the case of ambivalent mothers the difference in incidence between the habitual thieves and the controls is significant (Chi-squared equals 5·83 for one degree of freedom ; P lies between ·05 and ·02), though the difference between them and the less serious offenders falls below the level of significance (Chi-squared equals 2·46 for one degree of freedom ; P lies between ·2 and ·1). In the case of recent traumatic events the difference in incidence between the habitual thieves and the less serious offenders is significant (Chi-squared equals 8·78 for one degree of freedom ; P is less than ·01) whilst the difference between them and the controls is of only borderline significance (Chi-squared equals 3·09 for one degree of freedom; P lies between ·1 and ·05).

[25] Chi-squared equals 8·18 and 23·35 for the less serious offenders and the controls respectively, in each case for one degree of freedom. P is less than ·01 in both cases.

children in general (including of course some delinquents), these factors are not of significance for the ætiology of delinquent character in particular. The prolonged separation of the child from his mother or foster-mother on the other hand is highly characteristic of the persistent offender. Numbers and percentages are set out in Table XII.

TABLE XII

The Incidence of Prolonged Separation from Mothers by Degree of Stealing

Type of Case	No. of Cases	No. in which Separation Occurred	Percentage in which Separation Occurred
Grade IV . .	23	14	61
Grade I, II, and III.	21	3	14
Controls . .	44	2	5

This finding, of course, is in accordance with expectations since prolonged separations have already been shown (Table X) to be highly associated with a character type which is itself highly associated with persistent delinquency, namely, the Affectionless Character.

The very close inter-relationship which has been demonstrated to exist between prolonged mother-child separations, the Affectionless Character and persistent stealing may now be summarized:

(*a*) Of 23 persistent thieves, 13 (56 per cent.) were of the Affectionless Character. Conversely, of the 14 cases of Affectionless Character 13 (93 per cent.) were persistent thieves (Table VII).

(*b*) Of the 14 cases of Affectionless Character, 12 (86 per cent.) had suffered prolonged separations from their mothers, or mother-substitutes, during their first five years (Table VIII). Conversely, of 19 cases where such a separation had occurred (17 thieves and 2 controls), 12 (63 per cent.) were cases of Affectionless Character. (Three of the remainder were schizophrenic.)

(*c*) Finally, 14 of the 23 persistent thieves (61 per cent.) had suffered prolonged separation, and of the 19 who had suffered a prolonged separation, 14 (74 per cent.) were persistent thieves (Table XI).

From this we may conclude that a large proportion of children who steal persistently, perhaps half, are of an Affectionless Character, a condition which has resulted from their having suffered prolonged separations from their mothers or foster-mothers in their early childhood.

(V) NOTES ON THE PSYCHOPATHOLOGY OF THE AFFECTIONLESS CHARACTER

The foregoing statistical analysis has demonstrated that a prolonged separation of a child from his mother (or mother-figure) in the early years commonly leads to his becoming a persistent thief and an Affectionless Character. An understanding of the detailed psychopathology must await the analysis of a few typical cases. Nevertheless an outline of the probable pathology may be sketched.[26]

First we may note the parts played by libidinal and aggressive impulses, both of which will inevitably have been excessively stimulated by the frustration of separation. By stealing the child hopes for libidinal satisfaction, though in reality it proves ineffective, because the symbol of love has been mistaken for the real thing. From earliest days libidinal satisfaction is associated with obtaining possession of things. In infancy it is milk, in later years toys and sweets; and even in adult life a drink, a box of chocolates, a cigarette or a good meal are the bearers of kindly feelings from one person to another. Food and other objects thus become symbols of affection. A child separated from his mother comes to crave both for her love and for its accompanying symbols and this craving, if unsatisfied, later presents itself as stealing. The fact that most of these children stole food or money to buy food and that these thefts were often from their mothers, was clearly no accident. The food they stole was no doubt felt to be the equivalent of love from the mother whom they had lost, though probably none was conscious of the fact.

The violence which these desires assume when untoward circumstances lead to their being thwarted is illustrated by several cases. Despite repeated and severe punishments these children persisted in pilfering from their mothers' bags and boxes. No. 30, Norman K., broke into his mother's money box, whilst No. 31, Nansi F., prised open a Salvation Army collecting box with a knife. The need to gain possession of all their mother's good things, if necessary by attacking her, is evident.

These libidinal cravings commonly take an oral form, sometimes of a very primitive kind. Again and again one hears that milk is stolen. Such early oral desires were particularly noticeable in an adult thief of Schizoid or Affectionless Character whom I have treated: she had the habit of taking her morning tea from a baby's bottle. These excessive libidinal cravings may, of course, be expressed in any of the typical forms, oral, anal, urethral or genital, and it will be surprising if investigation does not confirm the impression that a close association exists between chronic stealing and promiscuity, a topic which is discussed in the next section. Such an association is clearly to be expected if we are right in postulating a strong though distorted libidinal component in the make-up of persistent thieves.

[26] In these brief notes there has been no occasion for a detailed discussion of the theories of Freud, Klein and other psycho-analysts and in consequence references are omitted. My debt to other analysts will however be obvious.

Important though libidinal factors are in driving children to steal, the part played by aggression must not be forgotten, for stealing not only enriches oneself, but impoverishes and hurts others. Revenge is unquestionably a very powerful driving force towards stealing. If one has suffered great deprivation oneself, one will feel inclined to inflict equal suffering on someone else.

Now the children whom we are discussing have suffered great deprivation and it is not to be wondered at that they are impelled to inflict similar suffering on others. No. 34, Derrick O'C., whom I was able to see regularly, reluctantly admitted (after interpretation) that much of his stealing had been done out of revenge. He had been extremely jealous of his brother Johnny, four years younger, and consciously felt that Johnny's presence had robbed him of much affection and many presents. The fact that he had been farmed out for most of his first three years must have added poignancy to Derrick's vision of his mother lavishing affection on Johnny. At any rate he was jealous of Johnny and felt that he would have got more love and better presents if Johnny were not there. His stealing, therefore, was motivated partly by a desire to make up to himself and partly by a desire to revenge himself on his mother, who admitted herself that she favoured Johnny. He recalled that he had often deliberately stolen after his mother had shouted at him or punished him and that his motive in stealing the two bicycles had been partly to get his father fined in the Police Court. The story was that many other boys had bikes, and Derrick had asked his father to give him one. His father refused, so in revenge Derrick took the bikes, knowing he would get caught and expecting and hoping his father also would get into trouble.

Still there is nothing pathognomonic about excessive libidinal and aggressive impulses directed towards parents. They are found in one form or another in all cases of functional mental illness. What characterize these particular cases are (i) that they lack the usual inhibition of these impulses and (ii) that they are unable to make permanent personal relationships owing to their inability to feel or express love ; in other words there is an extreme degree of the impaired capacity to make object-relationships which is present in some degree in every neurotic and unstable person. In these Affectionless Characters it amounts to a massive inhibition of object-love combined with excessive and relatively uninhibited libidinal and aggressive impulses. This combination is clearly no accident. On the contrary the lack of inhibition is the necessary result of the lack of a love-relationship, a result which is explained by a theory of the origin of the super-ego and the development of object-love which, though implicit in psychoanalytic literature, has not, so far as I know, been the subject of a detailed exposition. Observations on infants show that they become clearly aware of their mother's individuality during their first year of life. By the end of this year they not only recognize and value her as the person from whom love and all good things emanate, but have come to take pleasure in reciprocating her love. Object-love, a mixture of the selfish and the altruistic, is already developed to a considerable degree. Normally, through the processes of identification and introjection, there then comes to be formed in the child's mind a pattern of feeling and behaviour, the super-ego, which is designed to maintain this relationship with the object by inhibiting impulses inimical to it. The super-ego, although often experienced as a foreign body, an agent of the loved object, is in reality the expression both of the need for the object and of love for it, and this remains so despite its frequent use of aggressive measures to attain its ends. Without some measure of object-love the whole structure of the super-ego, whether it operates by violent inhibition or moderate control, could not exist, since both the purpose which it serves and the needs which it expresses would be non-existent.

Now it is precisely these affectionate relationships with loved objects which are lacking in the case of the Affectionless thieves ; the lack of any properly developed super-ego, with its regulation of the libidinal and aggressive impulses, is the direct result. The problem thus resolves itself into elucidating the reasons for the absence of object-love. Several factors are almost certainly responsible and the difficulty is to know what weight each should be given, especially as it is extremely probable that their influence varies with different cases.

In the first place, especially in the younger children, lack of opportunity may well play a part in the failure of object-love to develop. The growth of object-love is normally rapid during the second six months of life and it is not unnatural to suppose that if there is no opportunity for its exercise it will fail to grow. Such a state of affairs exists when an infant or small child is in hospital, since it is rare for nurses to remain long enough in a ward for tiny children to become attached to them. The likelihood of a simple process of this kind operating is strengthened by the familiar observation that dogs need to be in the hands of one person during the critical period of their training and that if they are not they grow up lacking attachment to a master and consequently wild and disobedient. Since experiment would be possible, it is perhaps not altogether fanciful to suggest that a study in the social development of dogs or monkeys might be of value in this connection.

A second fairly simple factor which almost certainly plays a part is the swamping of affection by rage. This was obviously important in those cases who at a rather later age were reft from homes

where they were happy and then expected to settle down cheerfully with strangers. It is hardly unexpected that the reaction to such a situation is often one of intense hatred for the new mother-figure, a hatred which effectively inhibits any growth of love. It is not unlikely that such emotions may also be called up towards a mother who places her child in a hospital or foster-home. The child does not know the reason for this event, but may well interpret it as a particularly hateful act on the part of the mother. This hypothesis is supported by the well-established observation that in certain cases children so deserted refuse to have anything to do with their parents when they visit, treating them with active avoidance, unlike their treatment of strangers. No. 27, Betty I., was an example; she refused to have anything to do with her mother when she visited her in her foster-home and continued to avoid her when at length she returned home. Love is impossible if hate is entrenched.

In the human mind, unlike the dog's, such a mood of hatred tends to perpetuate itself through phantasy. To hate a person is to conjure up a picture of him as bad and evil and bent on enmity towards oneself. For a child to hate his mother is for him to picture her as not merely frustrating but filled with emotions of animosity and revenge. Phantasy, born of rage, thus distorts the picture of the real mother. A kindly mother who has to put her child in hospital, a frustrating yet well-meaning mother and a really unkind mother can, by this process, alike come to be regarded as malicious and hostile figures. The dreadful night-mares of a horrifying dream-lady which beset No. 30, Norman K., probably originated in this way. The child thus comes to be haunted by bad objects, with the familiar result that he comes to regard himself also as a bad object. Whether this is wholly through the process of introjection or whether primary self-reproach for having hateful feelings towards the loved object also plays a part is at present not clear, though I incline personally to the view that both factors operate. In any case the child's picture of himself becomes as distorted as his picture of his mother. He comes to see himself as a bad, unloveworthy child and interprets circumstances accordingly. One of the Affectionless thieves, No. 34, Derrick O'C., showed this tendency very strikingly. Over a long period he came regularly to see me once a week. He proved unexpectedly co-operative and did much to unearth the causes of his own stealing but he was always pathetically anxious to please and was obviously worried when he was unable to answer some query I might make. One day when he came his presence was overlooked in the hall and I was told he had not arrived. This was not surprising as he had slunk in so quietly with other patients and remained so quiet that the doorkeeper had simply not seen him. However, on going into the hall 45 minutes later I found him patiently waiting, and, since I had a little time to spare, arranged to see him. The analysis soon got on to his fear of people punishing him, and I asked him if he sometimes felt I might punish him. To this he replied that he thought his being kept waiting so long in the hall was my way of punishing him for not always answering my questions. Such a misinterpreration implies not only that the analyst is a bad and hostile person, but also that the patient is bad and worthy only of punishment.

Now such misconceptions regarding both the motives of others and of their own unloveworthiness, in each case the result of phantasy, are common to all neurotics. Normally, however, these misconceptions co-exist with other more realistic conceptions of the situation, with the result that object-relationships continue possible, though disturbed. The Affectionless thief on the other hand seems to be dominated by these phantasies; the real situation is obliterated. This, it would appear, is the result of the separation they have suffered being a prolonged one. Normally when such phantasies arise in children they are soon corrected to some degree by contact with the real mother, who, whatever her shortcomings, is never so bad as the bad mother which the child pictures to himself when he is in a rage. The mere presence of the real mother, therefore, almost irrespective of what she does, will go far to offset the phantasy figure and so will reassure the child as regards both her and himself. But where a child does not see his mother for many months there is no opportunity for this correction of phantasy by reality-testing to operate. Extravagant phantasies of the kind described then become so entrenched that, when the child returns to the real situation, he can see it in no terms but those of his phantasies. The progressive modification of phantasy by contact with reality is thus stultified and the child is doomed to see both himself and the world of people as reflections of his own angry and horrifying conceptions of them. And the result is that both he and they appear untrustworthy and unloveworthy.

The presence of such phantasies goes far to account for the suspicion, secrecy and guilt which characterize these children. For instance, No. 27, Betty I., and No. 34, Derrick O'C., were said never to ask for anything, which suggests that they expected to be given nothing and felt they deserved nothing. Moreover, several of them (No. 27, Betty I., No. 30, Norman K., and No. 31, Nansi F.) gave their spoils away to other children, again suggesting a feeling that they ought not to have anything.

Two principal causes of an inability to form and maintain loving relationships have been proposed, the failure of development of the capacity owing to absence of opportunity at a critical period and the inhibition of love by rage and the phantasies resulting from rage. There is one other factor

which is probably also important, perhaps particularly so in the child who suffers separation at the age of two or three. This is the determination at all costs not to risk again the disappointment and the resulting rages and longings which wanting someone very much and not getting them involves. If we are indifferent to others or dislike them we disarm them of any power to hurt us. Now this *indifference* was absolutely characteristic of every one of these children, although in some cases it was little more than skin-deep. They neither showed affection nor appeared to care whether they got it. 'Whatever we do', we might imagine them saying, 'do not let us care too much for anyone. At all costs let us avoid any risk of allowing our hearts to be broken again.' This, I think, is the explanation of much of their hard-boiledness and apparent indifference, traits which puzzle and irritate almost everyone who has to deal with them. It is a policy of self-protection against the slings and arrows of their own turbulent feelings.

(VI) STEALING AND ITS RELATION TO OTHER OFFENCES

After stealing, truancy and sexual misbehaviour are probably the commonest childhood misdemeanours. Sixteen of the children in this series of 44 thieves were guilty of truancy and wandering. This compares with only three of the control group, a difference which is statistically significant.[27] (The only serious case amongst the controls was the Aggressive Hyperthymic, who seemed himself clearly destined for a delinquent career.) There is thus a definite association between stealing and truancy. It is, moreover, particularly characteristic of the more serious offenders, the Affectionless Characters and the Aggressive Hyperthymics. Of the 14 Affectionless Characters, no less than nine truanted, mostly persistently, an incidence which is significantly greater than that for all the remaining thieves, which is 7 out of 30.[28] The figures are set out in Table XIII.

TABLE XIII

Incidence of Truancy

Type of Case	Truants	Non-truants	Total
Affectionless Thieves	9	5	14
Other Thieves .	7	23	30
All Thieves . .	16	28	44
Control Cases .	3	41	44

Of these other seven, four were the four Aggressive Hyperthymics, one, No. 22, Winnie E., a Cheerful Hyperthymic, and one, No. 44, Charles K., a Schizoid. There was only one Depressive, No. 6, Denis H. He had truanted from school for a number of months, but this had come on after his appearance in Court and one got the impression that it was the direct result of anxiety about going to school rather than a positive desire to go elsewhere.

The high degree of association between persistent stealing and truanting shown here was also found by Burt (4). Conversely, Partridge (11) discovered that 26 out of a group of 50 truants stole, mostly habitually. Very many of his cases seem to have been of the Affectionless Character and had a history of early mother-child separation. The evidence therefore strongly suggests that chronic stealing and truanting are closely related symptoms. They appear together typically as features both of the Affectionless and of the Aggressive Hyperthymic characters. The existence of truanting as a typical feature of the Affectionless Character could almost have been predicted; it is obviously very likely to occur in a child with no strong feelings for his home or parents. This association of truanting with disturbances in the child-parent relationship has been studied by Stengel (12), who presents evidence in keeping with the theories advanced here. After studying 22 cases of truanting he concludes: 'They are persons during whose development there has occurred a serious disturbance in the child-parent relation, usually of such a nature that relationship to one or both parents was either completely lacking or only partially developed.' Many of them had periodic depressions during which the wandering compulsion arose. 'A few became conscious of the desire to seek for the dead or absent parent.' It is a pity that Stengel has not given us the exact details of these children's early lives. Nevertheless his evidence and conclusions are valuable as confirming the general thesis of this paper.

Sexual offences were surprisingly few considering the characters we are dealing with. This may be explained in part by the youngness of the group as a whole. No. 18, Headley J., aged 14, had been involved in a homosexual incident at camp, but he does not seem to have taken the initiative and it was an isolated occurrence. No. 41, Rosemary B., aged 16, a Schizoid girl of hysterical tendencies, was given to picking up with any man she might meet. (She has since had an illegitimate child.) Two of the younger children had been in trouble for minor sexual activities.

Oddly enough none of the Affectionless group appear as sexual offenders. It is strongly my impression, however, that many of them will become promiscuous, and in some cases probably sadistic. This view is suggested both by their

[27] Chi-squared equals 11·34 for one degree of freedom. P is less than ·01.

[28] Chi-squared equals 6·92 for one degree of freedom. P is less than ·01.

psychopathology and also by one or two cases. For instance, Ronald M., an Affectionless thief aged 9.9 who lies outside the present series, was on one occasion found threatening the four-year-old daughter of a neighbour with a knife. Details suggest a specifically sadistic act. This is reminiscent of a case (No. LIX) described by Norwood East and Hubert (10). This man had been guilty of numerous indecent assaults and attemps at rape. He appears to have been of an Affectionless Character (he showed little genuine affection, was unreliable, plausible, callous and shameless) and was a many-times-convicted thief. It is interesting to note that both his parents had died when he was an infant.

My impression that many of the girls of Affectionless Character might become prostitutes in later life was originally founded on the fact that many prostitutes have the same combination of a desire for libidinal satisfaction and an inability to make affectionate personal relationships which characterizes the Affectionless thief. Subsequently I have found direct evidence in support of this view. In the League of Nations enquiry into prostitution (14) it was found that a remarkable proportion of prostitutes had lost one or both parents through death or separation whilst they were still young. It is unfortunate that the specific trauma inculpated here, the separation of infant from mother, was not specially investigated. Nevertheless, it may be expected that not less than about half of those who had lost one parent had in fact been separated from their mothers in their first five years and so had become Affectionless Characters. The findings were as follows: 'Apart from the small percentage who were illegitimate, in most of the lists between one-fifth and one-third had lost one parent through death or separation while they were still young. In addition, the percentage brought up in institutions, by foster-parents or relatives, is 20 per cent. or more in four lists, and over 10 per cent. in thirteen of the sixteen lists which give information on this point.'

Dr. Tage Kemp, who collected information on 530 women in Copenhagen, found that one-third of them had not been brought up at home but had spent their childhood under troubled and shifting conditions: '3 per cent. were brought up by the grandparents or other close relatives; an additional 3 per cent. were boarded out or sent to homes, and the remaining 27 per cent. were raised under combined conditions—now in an infants' home or almshouse, now in an institution for the feeble-minded or hospital for epileptics. Possibly they were at home for a short time or with near relatives. Sometimes they had three or four different foster-homes during the course of their childhood.' No less than 17 per cent. of the total were illegitimate.

The story is a familiar one and the figures impressive, especially when we remember that in other cases a history of mother-child separation due to hospitalization and other causes may well have been missed. The evidence available therefore suggests that a substantial proportion, perhaps even 30 per cent., of prostitutes are Affectionless Characters whose maldevelopment has followed separation from their mothers in their early years. If this proves to be so, persistent stealing, truancy and prostitution would be shown in many cases to be the different manifestations of the same underlying condition. The psychopathology would be identical and so scientific measures taken to prevent any one of them might be expected to lead to a reduction of all three.

(VII) CONCLUSION AND SUMMARY

From its earliest days psycho-analysis has emphasized the critical importance of the child's first few years. Despite this there has been relatively little systematic investigation of possible adverse factors in the young child's environment. The investigation reported here has sought to remedy this situation by enquiring into the early environment, and in particular that part of it comprised by the parents, of a number of habitual thieves. The result has been that certain specifically adverse circumstances have been identified and their significance demonstrated both statistically in the whole group and clinically in a few individual cases. The conclusion has been drawn that, had it not been for certain factors inimical to the healthy development of the capacity for object-love, certain children would not have become offenders. Conversely, and equally important, it may be concluded that the socially satisfactory behaviour of most adults is dependent on their having been brought up in circumstances, fortunately common, which have encouraged or at least permitted the satisfactory development of their capacity to make object-relationships. These findings thus not only confirm the general psycho-analytic thesis that it is the early years which count in character development, but demonstrate beyond doubt that the elucidation of the problem of juvenile delinquency is dependent upon psycho-analytic investigation. Nevertheless it would be foolish to suppose that psycho-analytic investigation alone, even extended to cover statistical enquiries of the kind reported here, would be sufficient. Though juvenile delinquency is to a great degree a psychological problem, it is also a problem of sociology and economics.

We must remember that the cases studied in this investigation are not a typical sample of Court cases. They are a highly selected sample, referred to a Child Guidance Clinic because they were specially difficult or because the child was obviously not emotionally normal. There are many other

sorts of children charged in Court and in these cases factors of the kind inculpated in this paper may well be few or indeed absent. On the other hand, poverty, bad housing, lack of recreational facilities and other socio-economic factors, will play a large part. Juvenile delinquency as a total problem is in fact the outcome of many and complex factors and until the effects of these are studied *together* in an adequately planned and combined research the weight to be attached to each will remain unknown. In consequence, though this research has placed emphasis on the psycho-analytic factors, we have no method of ascertaining how important these factors are in the total problem which the Home Office and the Courts have to deal with. The remark of an experienced probation officer that about one-third of the cases coming into Court are of the kinds described in this paper is our only clue.

Should this estimate be accurate or even nearly accurate, the problem of providing adequate treatment would be vast, for it is evident that no treatment which leaves the basic emotional problems in these cases unsolved can be more than palliative. Moreover, even when psycho-analytic treatment can be attempted, progress is extremely slow and difficult. One outstanding reason for this is, of course, that the disorders are already of many years' duration when they first come for treatment. For instance, the average age of the Affectionless children in this series was about ten years. This means that the condition had been present and progressing for at least seven years. My conclusion therefore is that all these cases must in future be diagnosed and treated before the child is five, and preferably before three. This may appear a fantastic view. But no doubt the same might have been said of physicians who advocated the early treatment of tuberculosis in the days when only advanced conditions were seen. Since those days, we have learnt to diagnose tuberculosis, whether of bone or joint or lung, in its earliest stages, and no sacrifice is thought too great to secure its cure, even though the symptoms presented are, to the layman, trivial.

In precisely the same way we may look forward to a time when the diagnosis of delinquent character is regularly made in the child's early years. That we can learn to do this there can be not the slightest doubt. The case of Florence W., aged 3½, demonstrates that if we are on the look-out for the diagnostic signs in early life, they can be detected. The help of infant welfare centres and nursery schools must be enlisted. Well-trained play-analysts must be provided to give treatment. Medicine must step in and cure these cases long before they are even eligible to come before a Court of Law. For in dealing with chronic delinquents the machinery of law is starting at a serious disadvantage. No child may be charged before the age of 8 years, by which time the disease is far advanced. Looked at as centres for the prevention and cure of crime, such an arrangement might be compared to a national network of cancer-clinics, pledged to take no case of less than five years' standing.

But if early diagnosis is important, how much more vital is prevention. Certain factors, it is true, cannot be prevented. Deaths, whether of mother or little brother, will occur, but even here an understanding of the child's emotions may enable timely help to be given. Anxious and nagging mothers also may always be with us, but again an understanding of their problem and the provision of play centres and nursery schools will go far to ameliorate the lot of their children. The prolonged separation of young children from their mothers may also on occasion be unavoidable. Nevertheless, if all those who had to advise on the upbringing of small children, and not least among them doctors, were aware of the appalling damage which separations of this kind have on the development of a child's character, many could be avoided and many of the most distressing cases of chronic delinquency prevented.

SUMMARY

(1) The characters and psychiatric history of 44 juvenile thieves referred to a Child Guidance Clinic are compared with those of 44 children also referred to a Clinic who did not steal. About half the thieves had indulged in regular and serious stealing, in most cases over a long period of time. In only 12 had the stealing been relatively slight, and one of these later turned out to be a chronic thief.

(2) In sex and intelligence there was no significant difference between the groups. Only two thieves were of low intelligence.

(3) Economic status was not specially investigated, but was believed not to differ between the two groups. Few in either group were dependent on support from public funds.

(4) The thieves are classified according to their characters. Only 2 were regarded as fairly 'Normal' emotionally, 9 were Depressed, 2 Circular, 13 Hyperthymic, 14 of a character type which has been christened 'Affectionless' and 4 Schizoid or Schizophrenic. There are no Affectionless Characters amongst the controls, a difference which is significant.

(5) The Affectionless children are significantly more delinquent than the other thieves. All but one were serious offenders, the majority truanting as well as stealing. They constitute more than half of the more serious and chronic offenders. It is argued that these Affectionless delinquents constitute a true psychiatric syndrome hitherto only partially recognized.

(6) Ætiological factors are discussed under three main headings: possible genetic factors, early home environment and contemporary en-

vironment. The difficulty of isolating the influence of genetic factors from environmental factors is discussed. Five factors are treated statistically: (i) genetic, (ii) prolonged separations of child from mother or foster-mother in the early years, (iii) ambivalent and anxious mothers, (iv) fathers who openly hate their children, and (v) recent traumatic events.

(7) Eighteen thieves had a parent or grandparent who was mentally ill with psychosis, psychopathic character or severe neurosis, an incidence of mental illness which is almost identical to that in the control group. Though comparative figures are not available, this incidence is almost certainly higher in both groups than it would be in a control group of normal children. Both genetic and environmental factors are likely to play a part in producing this association.

(8) Seventeen of the thieves had suffered complete and prolonged separation (six months or more) from their mothers or established foster-mothers during their first five years of life. Only two controls had suffered similar separations, a statistically significant difference. 12 of the 14 thieves who were of the Affectionless Character had suffered a prolonged separation in contrast to only 5 of the remaining 30 thieves, a difference which is again significant. Clinical evidence is presented which shows that a prolonged separation is a principle cause of the Affectionless (and delinquent) Character.

(9) Of the 27 thieves who had not suffered an early separation 17 had mothers who were either extremely anxious, irritable and fussy or else rigid, domineering and oppressive, traits which in all cases mask much unconscious hostility. Five of the 27 had fathers who hated them and expressed their hatred openly. In these respects, however, the thieves do not differ from the controls, although it is extremely probable that both groups would differ substantially from a group of normal children.

(10) Five of the thieves had suffered traumatic experiences, four in connection with their mothers' illness or death and one over a brother's death. Six others had been seriously upset by a relatively recent unhappy experience. Evidence is brought to show that stealing is in some cases a symptom of a Depressive State.

(11) The incidence of the five factors enumerated does not differ significantly as between the less serious cases of stealing and the controls. The incidence both of ambivalent mothers and recent traumatic events is lower in the case of habitual thieves than it is in the other two groups. The incidence of prolonged separations of the small child from his mother or foster-mother is significantly greater in the case of the habitual offenders than in the other groups. It is concluded that whilst the other four factors may well be of considerable importance for the pathogenesis of unstable and maladapted children in general, including some delinquents, prolonged separations are a specific and very frequent cause of chronic delinquency.

(12) The pathological effects of prolonged separations and the psychopathology of the Affectionless thief are discussed very briefly. Attention is drawn (*a*) to the strong libidinal and aggressive components in stealing, and (*b*) to the failure of super-ego development in these cases following a failure in the development of the capacity for object-love. The latter is traced to lack of opportunity for development and to inhibition resulting from rage and phantasy on the one hand and motives of emotional self-protection on the other.

(13) The relationship of stealing to truancy and sexual offences is discussed. Evidence is advanced that the Affectionless Character is prone to both, and that a substantial proportion of prostitutes are probably of this character.

(14) A plea is made for a combined research in which both psycho-analytic and socio-economic factors are investigated. Without such research the relative effect of either group of factors in explaining the total problem of juvenile delinquency will remain unknown.

(15) The treatment of delinquent character is difficult. Since it is possible to diagnose an Affectionless Character at the age of three years and possibly earlier, a strong plea is made for early diagnosis and early treatment. Above all, attention should be given to prevention; many prolonged separations could be avoided.

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ON APPERSONATION

By OTTO SPERLING, NEW YORK

A woman with psychogenic depression, who professedly loved her six-year-old son, was absolutely determined to kill herself and her son. If she did not love the boy, she would die without troubling about the fate of her child. But she wished to spare him the misery of ending as cannon fodder or as one of the unemployed. 'What does a child get out of life if it grows up without a mother?' The father, she claimed, had no proper understanding of her or of her child. To a reminder that she would be breaking the law, she replied that she alone had any claims to her son. 'The child is a part of me. If I killed him, it would be the same as if I had cut off my right arm with an axe. I shall not do it easily, but if I do it, I feel I have a right to.' I asked her if the child had agreed to die. 'Naturally', she declared, 'he said that I shouldn't go away. I shouldn't leave him behind alone.' To be sure, closer questioning showed that the child had been afraid to be alone with her, and that he by no means shared her yearning for self-destruction.

In another case I observed similar behaviour wherein the mother claimed: 'It is all the same to him whether he lives or not.' And in still another case the mother told me that the child was too young to make a decision for himself whether to live or die. It was, therefore, her prerogative to decide that the child should die with her. I wish to point out here the striking fact that the intention to murder without conscious feelings of guilt and the blindness towards the psychic processes in the child were apparently explained in each of the above cases by the mother's feeling that the child was a part of herself. In my attempt to understand this behaviour, I came to compare it with a mechanism which was well known in the older psychiatric and psycho-analytic literature, but which has been forgotten in the last twenty years or so. It is appersonation.

Under the different disturbances of personality, Bleuler (1911) describes the mechanism of *appersonation* as that disturbance of the ego in which something situated in the outside world is attributed to one's own person. From among his examples I cite the following. A schizophrenic had the feeling that he was punishing his enemies with 'his thunder and lightning' during a storm. Thus he appersonated the events in the sky and attributed them to his own person.

Schilder deserves the credit for pointing out the importance of ego-feelings in appersonation. He offers an example which is so illuminating that I should like to quote it. 'If you take a cane in your hand and rap on the floor with it, you gain a sensation of hardness and resistance which is displaced to the end of the cane.' The ego-feeling extends also to the appersonated object, which I should like to call the *appersonand*, and the stimuli which impinge on the appersonand (in our example, the cane) are felt as though they impinged on one's own person.

Coming back to our potential child murderers, is it not apparent that their statements are the same as those of Bleuler's schizophrenic? He spoke of 'his' thunder and lightning, and the mothers described the children as a part of their own persons. The ego-boundary was extended to include the children, and stimuli which affected the children were felt by the mothers as though their own persons had been affected. Many readers may think that this is nothing else but identification. Until now, it is true, the processes discussed here have been treated under the heading of identification in analytic literature. I suggest that a sharper differentiation be made between these concepts because their economic value is entirely different. Freud defines identification as an alteration of the ego in which qualities are acquired which were previously perceived in an object. But these mothers acquired no characteristics of their children. Therefore, it is essentially not identification.

I further wish to show that appersonation is an ego-mechanism; that as such it may appear as a resistance; that it plays an important rôle in the distribution of narcissistic libido; that it permits the gratification of libidinal impulses with diminished feelings of guilt and diminished castration anxiety; and that it throws some light on the nature of fanaticism.

It goes without saying that the love of the mother for her child in the first case cited above, was of a narcissistic nature. The relationship between herself and her child is the same as that existing between herself and her right arm. He belongs to her, she owns him, she may make sacrifices for him, but he must obey and have no psychic life of his own. Or only that which she projects upon him. The expressions 'he belongs to me' 'he is a part of me' are not meant figuratively, but describe the limits of the ego-feeling.

This ego-feeling remains as a sort of umbilical cord, when narcissistic libido is displaced from one's own person on to an object. In my opinion it is the scientific criterion for the diagnosis of an appersonation. If we follow the suggestion of Federn and interest ourselves in the ego-feelings of our patients, we encounter appersonation on every hand. To begin with, members of a family appersonate each other, and the servants as well. There are people who really feel what Christ said in the well-known text: 'Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.' These Faustian, sensitive people have appersonated the whole of mankind. Federn (1919) has shown that national feeling is based on an enlarged ego-feeling.

Perhaps one may also interpret as appersonation the fact that the infant, at a certain stage of development of its ego, erroneously attributes the mother's breast to its own body. Later in life appersonation is not experienced accidentally as an error, but chiefly in two forms. The first of these occurs in experiences without conflict, as an illusory sensation which can always be corrected. For instance, artificial teeth are appersonated, and the tactile sensations are projected to the surface of the teeth; but the wearer can always realize that the sensations must actually have been felt at the gums. The second form appears as an ego-mechanism for defence against, or for the satisfaction of, the most varied instinctual impulses.

Among defence mechanisms, appersonation is most readily mistaken for identification. To illustrate this differentiation between identification and appersonation, a case in point is that of a youthful patient with narcissism that was pathologically aggravated and repressed. He was an ardent listener to religious sermons, which were on a high ethical plane and full of noble expressions. These sermons put him in an exalted mood, a sort of ecstasy. The preacher seemed to be a speaking-tube for his feelings. Does he identify himself with the speaker or appersonate him?

He did not acquire any characteristics of the speaker, but continued to be rough and brutal to his parents, inhibited in his speech and almost inarticulate in the presence of superiors. It is true that we generally use the careless formulation 'the listener identifies himself with the speaker'. But identification in the psycho-analytic sense can be recognized by a specific token: the acquisition of characteristics.

The objection might be made that in this case it is merely a matter of identification in phantasy. Although we learn from the patient that he does occasionally fancy that he is a great orator and is greeted with applause, this phantasy is rather the exception than the rule. For the most part, even in the phantasy he does not dare to see himself as the orator.

If we question the patient, he clearly informs us that he pays close attention while listening, and he states emphatically that the orator seems to be his speaking-tube. It is therefore a case of appersonation. The ego of the patient is not altered; it is only that the boundaries of the ego are extended. The speaker is not a model but an attribute. The unity is not due to identity but to a common boundary. In appersonation the process of unification is halted owing to fear, before it becomes an identification. The appersonand is an outpost at which fighting takes place. Defeat is painful, victory is elating; but it is, after all, only an outpost. A path opens here to an understanding of empathy. We may define empathy as the effort of one person to understand the psychological situation of another, first by experiencing in himself the succession of emotional phases of the other person, and second by reconstructing and studying this process. Unlike empathy, appersonation gives one no understanding of another's emotion.

I should like to differentiate further between appersonation and identification by citing additional examples. When a child in play thrusts his building blocks into his father's hands in order to have him build the house and then watches him with delight, we have a case of appersonation. If the child himself takes the blocks and builds the house, he thereby borrows the building activity from his father and makes it his own. This is identification. When a boy reading a detective story feels proud of the achievements of his hero, I should say that here we have essentially appersonation. If the boy himself wishes to become a detective, we have identification.

To listen to a singer and then study singing, is identification; but if a man invites a singer to sing for his guests in order to give vent to his own exhibitionism, it is appersonation. If an individual in a large group indulges in the ecstasy of being a part of something that is greater and more powerful than himself, he is appersonating his comrades. During a panic, if a person permits himself to trample on the weak because his neighbour does it too, he is identifying himself with his neighbour. The believer achieves ecstasy through appersonation of the greatness of God, but he identifies himself with Christ when he dies a martyr's death. The subject of a hypnotist experiences the omnipotence of thought when he appersonates the hypnotist, but gazes fixedly and hypnotizingly at others when he identifies himself with him. The frigid woman, who in cohabitation experiences with her partner the course of only his sexual excitement, is appersonating the man. Another woman showed her identification with her husband by wishing to be active and on top in the position for sexual intercourse, and by complaining of dizziness because her husband had once told her that he was dizzy with happiness.

One of my patients who was an illegitimate child

had borrowed feelings of guilt through an identification with his mother who felt shame because of her escapade. Another patient also suffered from feelings of guilt, but through appersonation. His father, who was imprisoned for extortion, himself felt no guilt. But his son felt that a part of himself was in prison, and had feelings of guilt because of this appersonation. An identification with his father would have resulted not in guilt, but in hatred for his denouncers.

Identification with an object of hate is comprehensible. Anna Freud (1936) has shown that one unconsciously identifies oneself with the aggressor and takes over from him his tactics. Appersonation, on the other hand, does not associate itself with hate, because whatever lies within the boundaries of the ego is normally protected by self-love. For the persecuted and helpless, this subduing of aggression makes appersonation worth striving for. The vanquished enemy might offer himself as a slave, hoping in this way to become part of the household. If he succeeds and is therefore appersonated, he may escape cold-blooded destruction. There is then not only such a thing as courting for love but also a courting to be appersonated: that is, for example, to be taken into a family, a following, a league, fraternity, or community. We find similar methods employed in courting for appersonation as in courting for love: namely, the establishment and emphasis of a similarity. It may be, for instance, language, race, sex, age or religion. To have come from the same town, to have sat on the same bench in school, to have been in the same fox-hole, or even only to have had meals in the same restaurant, can turn a possible persecutor into a benevolent benefactor. To this end, humiliating and painful initiations are accepted. Courtiers for appersonation may be blindly obedient and submissive; others may even try to guess the unexpressed wishes of those they are trying to appersonate. The foreigner in a strange land becomes assimilated. There is a kind of beggar who dresses like an impoverished gentleman; thus he is appersonated by the rich and receives dollars rather than cents. One of the most powerful factors for bringing about a mutual appersonation is the memory of having been in the same predicament. This is one of the ways by which the hatred and envy existing between siblings may be overcome. The people in a mass movement identify themselves with the leader in order to be appersonated by each other.

The first and most frequent motive for appersonation is narcissism. Out of the child's helplessness arises its desire to be bigger, faster and stronger. The baby appersonates the baby-carriage; the adult appersonates the automobile or the railroad train. The child appersonates the father who lifts it on his shoulders; the adult appersonates the tower or mountain peak from which he gazes down. In the intoxication with large numbers, whether it is a matter of money or of the setting of new sports records, is contained the childish triumph of being larger than other people through appersonation. The king feels greater by having a retinue; and the nobleman by having a number of liveried servants.

Appersonation can be used by different instinctual drives as a means of partial gratification. Exhibitionism makes use of appersonation in order to exhibit without breaking the laws: for instance, through clothes, jewellery, collections, husband, children, guests, house and garden. People in love usually appersonate each other. It is only in coitus with a despised person, that appersonation does not take place. The sadist appersonates the coachman who whips the horse; the masochist appersonates the horse. In the case of the homosexual who shows sympathy for the little boy who tells him how he was beaten, there is an appersonation with the little boy, but an identification with the homosexual's mother. A woman patient of mine, who was so modest that she could not cross the street in daylight, had so arranged matters that her grown-up daughter, against her will and in her mother's presence, had to walk around completely undressed before her stepfather. In this form, that is through appersonation of the daughter, she permitted herself exhibitionistic desires.

Appersonands are also used as suicide substitutes. One of my patients was very proud of his school copybooks, and had always saved them. They had been shown around as models and contained a number of flattering criticisms. In later life he played a very minor rôle. When there came a time at which he had reason to contemplate suicide, he burned his copybooks and diplomas. A female paranoid patient, a writer, in a similar situation 'accidentally' lost her manuscripts; another patient lost umbrella, hat and pocketbook containing money.

When instinctual gratification occurs through the appersonand, there is usually, but not always, a diminution of feelings of guilt and of castration anxiety. I shall mention certain exceptions. One of my patients, for example, experienced a pronounced castration trauma when, at the age of five, he looked on while his mother in the kitchen split open a goose from the anus. He had appersonated the goose and thus experienced being cut up. The avoidance of feelings of guilt also becomes at times illusory. In the phantasy of the *alter ego* (Rank, 1914) an attempt is made to project the guilt for murder on to the 'other', but in the end the hero must himself do penance.

Appersonation has its most important practical meaning as a form of resistance. An eight-year-old boy, who was being analysed chiefly for difficulties at school and lack of independence, was so inhibited by castration anxiety that he did not dare to behave like his playmates, or to do any-

thing his father did. But this cost him hardly any suffering. He was sufficiently gratified by the appersonation of the successes and achievements of others. In the same way he tried to get by in the analysis with his enthusiasm, always agreeing and stimulating the analyst to play and talk instead of doing so himself.

I observed this form of resistance even more markedly in the analysis of a forty-year-old man with ejaculatio præcox. At the beginning he was enthusiastic, but as time went on he repeated more and more insistently the demand: '*You* do something. *You* give me an interpretation.' This resistance was of course over-determined. It contained a good deal of sadism, the tendency to put all the responsibility upon the analyst, and to project his impotence on the analyst. It soon became clear, however, that the patient was repeating a situation which had played an important rôle in his childhood. He too had been content to let others carry on, instead of trying to do things for himself. As a child he had observed his mother order the servants around, instead of working herself. In this way, he gave commands to his own special nurse and later to his mother, which led, of course, to violent conflicts. I should like to emphasize that insight into his defects, such as his inability even to lace his own shoes, was made difficult because the giving of orders and the sharing in the experiences of those who served him gave him adequate satisfaction. In the analysis he appersonated the analyst and was proud of the latter's interpretations. He thought he could give himself credit for those achievements because he had 'directed' them, just as his mother was known as a good housekeeper because she knew how to direct her servants.

Federn (1936) showed us that narcissistic love is distinguished from object-love in that only in the latter case is there a good understanding of the psychic processes of the partner. Every real object-love takes note of the other person's feelings and opinions. On the other hand, I would like to emphasize that we are not accustomed to bother about the feelings and opinions of our viscera.

In some cases, so much narcissistic libido has flowed off to the appersonand that the ego-centre, in Schilder's sense, is displaced from oneself to the appersonand. Everything that concerns the appersonand is then close to the ego, and what befalls one's own person moves closer to the periphery of the ego. In the case of a litigator, for example, the ego-centre is soon displaced from the quarrel to the abstract ideal of justice; with the patriot, the ego-centre may be displaced on to the fatherland. Similarly, a party or a leader may become an ego-centre. An indication of this is found in daily life. The reader forgets himself while reading, the observer 'loses himself in the scene'. There are also fanatic parents who sacrifice themselves for their child and submit to unbelievable privations so that the child may, for example, have a good piano on which to play. They may, however, train it to be a wonder child with so little understanding, and, in the name of their so-called love, they may commit such brutalities that the child will run away or even attempt suicide. I think it means more than just a new terminology to say that in this case the parents have appersonated the child, that the child is the outpost who will fight for them on the concert stage, and whose victory is experienced by them as their own triumph. Here too proof of the existence of appersonation is revealed by the presence of the common ego-feeling.

The following case seems to throw light on the deeper reason why the displacement of narcissistic libido on to an appersonand comes to pass. A man fanatically devoted to world betterment vacillated between hypochondria on the one hand and utter sacrifice for ideas of social reform on the other. He gave up his profession, cared nothing for his wife or children and wrote pamphlets which he published himself. He became so poor that he ended his days in the poor-house. The interesting thing was that although he was otherwise intelligent and had opportunity for education he knew very little of the matters about which he wrote. He submitted to every hardship that fate brought, but he was very touchy about his theories. He would never have been able to advance his ideas anonymously. Without his acknowledging it, his chief interest lay in narcissistic satisfaction. In the analysis his fanaticism proved to be the negative of his hypochondria. That is, when he withdrew his interest from his writing he was filled with complaints such as hiccoughs, heartburn and a whole series of hypochondriacal symptoms. He then fled from hypochondria back into his fanaticism.

Fanaticism in the narrower sense is, on the one hand, the earmark of schizoid or schizophrenic personalities; on the other, it apparently shows such an intense direction of interest towards a person or thing that it is difficult to suppose that we are confronted with that withdrawal of libido from objects which we observe in schizophrenics. It therefore seems important to me to show that in fanaticism, in my experience, it is always narcissistic libido which is turned towards the object; and further, there is an ego-feeling for the object, i.e. it is appersonated.

I have mentioned here only cases in which an ego-feeling for the appersonand is demonstrable. I am not concerned with suggesting a new name for processes which have been familiar to us as identification, but I believe that the term appersonation indicates something new and pertinent about their motivation.

Appersonation stands midway between ego-cathexis and object-cathexis. Perhaps in conclusion we can formulate the deeper meaning of

appersonation as follows: through appersonation, the ego defends itself against hypercathexis with narcissistic libido.

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SOME NOTES ON TRAUMATIC NEUROSIS AND ALLIED CONDITIONS [1]

By D. N. HARDCASTLE, LONDON

I HAVE chosen this subject for several reasons. First, it was my introduction to psychiatry; secondly, after this war, there will be very many patients, both service and civilian, suffering from the delayed effects of traumatic experiences, and thirdly, there is a group of patients who suffer shock from aggressive impulses. To some extent I feel that the basic principles of treatment of the external traumatic may be applied to the latter as well.

It may be worth while recording my impressions when I first encountered, in the autumn of 1919, the condition known as 'shell-shock'. I was still in the Army, having recently returned to England from the Middle East, where my only experience had been that of Battalion M.O. and work in a Field Ambulance. I was posted to a large Orthopædic Hospital, which had a psychiatric Division of about 250 patients and was put in charge of a 'villa' which accommodated 80 men, all acute cases of traumatic neurosis. My immediate reaction was that of being overwhelmed by this entirely new experience, which soon gave place to a feeling almost of terror lest all this 'emotion' which I was witnessing should get out of hand. Gradually, as I got down to talk to these men and to take their histories, their illnesses commenced to have a meaning. As the war was then over and most of them were wanting to be well enough to leave hospital and return home to civilian life and work, the idea of the illness being an escapist reaction from the danger zone did not enter the picture.

What did emerge, however, was that these men were living unwittingly not in the present but in that period of time, up to the moment of the trauma, which they had never been able to 'live past'. That experience, if completed in the manner in which it was imagined, and which they had witnessed in others so frequently, meant death to the individual himself, and beyond this point he could not pass. At that time I formed the opinion that one should reserve the word 'live' to meaning an active co-ordination between body and mind coupled with a forward urge, and use the word 'exist' for the state which these men were in. They were just existing—they could not look forward with any feeling of security, nor could they settle to plan anything for the future. They were in a chronic state of anxiety or else in a depressed, dejected mood. In conversation they were inhibited and avoided all topics even remotely connected with the war. What conversation they had was usually centred round the physical side of their symptoms, of which dyspepsia was a common and almost universal one.

There were several factors which seemed to confirm the idea of this unwitting living in the past. First were the dreams which they had: the exact and almost photographic repetition of the traumatic experience and the waking before the experience was completed. It then seemed as though they were trying to work through their experiences, but it was the internal meaning, i.e. annihilation, which prevented this reaching a satisfactory conclusion. Secondly, so many of their reactions seemed to indicate that they were in a state of expectancy; any sudden noise would produce the reaction of defence, as though they were shielding themselves from a bursting shell. Some walked in a crouching attitude, as though they were in a front line trench, exposed to fire. Any attempt to make them stand upright would be accompanied by acute anxiety, for which they could not account. Then there were others, who complained of pains for which no physical factors could be found but which were usually traceable to either cramped positions or some other factor which was active at the time at which they received their trauma. One man who had been badly bruised when in the panic party escaping from a Q ship which was under fire from an enemy submarine, used to develop an 'ecchymosis' of both legs every time he had a terror dream of the event. In this connection it may be interesting to recall an article, by Loeser (1943) showing, through endometrial biopsies, that physical arrest of the normal cycle

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can take place at the moment of emotional shock.

At first the accepted method was to treat the presenting symptoms by suggestion and any mechanical means available, massage, hydrotherapy, etc., but this was very soon superseded by abreaction. The technique was to get the man to talk about his war experiences and especially those which were the subject of his terror dreams. Hypnosis was employed to recover forgotten memories and gaps in his war history, the aim being for him to have a clear-cut chronological picture of his army life. Then I used to instruct the men to take a blanket and make themselves comfortable by the side of a near-by railway line and, when they saw a train approaching, to close their eyes and imagine themselves back in France. This usually had very dramatic effects, inasmuch as they did relive their war experiences emotionally. This was repeated once or twice a week until such time as they could hear the train and think of the war without any serious emotional disturbance. Progress in abreaction was noted by the ease with which they could get off to sleep, the lessening of the frequency of terror dreams and the general return of interest.

Patients with extensive amnesias were not suitable for this type of treatment. Hypnosis was resorted to first to reinforce the man's effort to recall and secondly as a means of obtaining an abreaction. Frequently, however, in the latter the patient would talk quite freely and without emotion and on waking would have no recollection of what had happened. Even when the hypnotic findings were recounted to him, he would declare that they meant nothing.

In spite of this crude and impersonal form of treatment something did happen in about 50 per cent. of the patients; the 'war symptoms' disappeared.

There was a group of men who did not respond at all well; they belonged to the pseudo-athletic type which I now recognize as essentially narcissistic. Also, very poor results were obtained from those men who had been treated up the line, had been sent back supposedly cured but who had broken down again.

From these brief memories of the neuroses of the last war it is clear that there were many gaps in our knowledge of the condition in those days.

Before making a survey of recent material it may be worth raising certain questions which have arisen in connection with the last war material and seeing how far these can be elucidated by the examination of this new material in the light of present-day theoretical knowledge.

(1) What is the definition of a psychic trauma? The earlier postulate that it was a situation in which there was no possible escape from death is no longer valid, for even then it was found that there were other situations, in which the man was in no immediate external danger, yet in which he succumbed to what seemed to be a traumatic neurosis: (*a*) where he thought he was in danger or else witnessed some catastrophe, such as hearing shelling or bombing or seeing a brother or close friend killed; (*b*) where the man himself by his actions brought on the illness, as in the case of the soldier who, escorting a batch of prisoners down from the line, drove them into a disused dug-out, poured petrol over them and set fire to them.

(2) What are the mechanisms of a traumatic neurosis and are there any conditions when abreaction can be regarded as having a value nowadays?

In looking through the case records of 250 Service patients (1939–1942), I have made a survey of 70 who appeared to have definite traumatic characteristics. Forty-three patients gave a history of previous nervousness and only 4 of these denied any family history of nervousness. Twenty-seven appeared to have had a normal childhood and of these only 2 admitted a history of family nervousness. Each of these groups I have subdivided according to onset of symptoms, whether immediate or delayed (rumination), and these again into whether the condition was the result of a single traumatic experience or of cumulative effect and each group I have rather arbitrarily divided into severe or moderate according to the patient's capacity to carry on.

Of the 43 patients with a history of previous nervousness, 5 were severely affected and 8 moderately, as the result of a single shock, i.e. they stated that they did not feel nervous until this event happened. Eleven were severely affected and 10 moderately as the result of cumulative effect, i.e. they stated they felt nervous but had been able to carry on. Where the onset of symptoms was delayed from a week up to several months (or even longer in one or two cases), none were severely affected by a single shock and only one moderately, but 4 were severely affected and 4 moderately by cumulative shocks.

Of the 27 patients who gave no previous history of nervousness, 7 were seriously affected and 6 moderately as the immediate result of a single shock, while 4 were severely affected and one moderately, by cumulative shocks. Where the onset of symptoms was delayed there were no cases resulting from a single shock but 4 severe and 4 moderate cases resulting from the cumulative effects.

There were 8 patients who had been shocked in the last war. Five of them had rejoined the Army at the outbreak of this war and had put up a poor performance, the remaining 3 being civilians who had broken down owing to the anxieties of war and the increased stress of living. The interesting thing about these 8 patients is that, in spite of periods of anxiety, incapacity to work and a general impair-

ment of efficiency, not one ever sought psychological help.

The patients who gave a previous history of nervousness dated their symptoms very early. Anxiety was a universal symptom, disturbed sleep and terror dreams were common, shyness and lack of self-confidence were very common and there was occasional enuresis.

The nature of the shocks experienced were mainly bombing, shelling, land-mines or shipwreck. One man, without a childhood history of nervousness but considerably depressed after losing his home, wife and children from bombing, collapsed completely a year later on seeing a woman killed by a lorry. One man, without a previous history of nervousness, stated that he was never the same again after seeing a man killed on the railway. Three men with a previous history of nervousness dated their symptoms from undergoing surgical operations, and 2 men, one with and one without a previous history of nervousness, attributed the onset of their illness to the death of their mothers. Seven men were previously shocked: 2 miners, both with a childhood history of nervousness, and 5 ex-service men from the last war, 3 with and 2 without a childhood history of nervousness.

These 70 patients presented very much the same symptom-complex, the differences being mainly one of degree and of the individual's reaction to his symptoms. Eight of these patients, who had been admitted to hospital following the trauma, were still totally incapacitated, and 2 from the last war were discharged from the service. Of the remaining 60, 9 had refused to report sick until they had been ordered to do so and a large percentage of the remainder had only gone sick when they found it was impossible for them to carry on their duties efficiently.

Anxiety in some form was an outstanding characteristic, usually in relation to anything connected with the war, and this was accompanied by marked subjective suffering.

Disturbance of sleep was frequent and its onset was usually delayed for fear of having terror dreams of bombing or fighting. Sometimes the characteristic traumatic dream would be replaced by night starts, when the patient would wake in a state of terror.

Lack of confidence, concentration and impaired memory, simple depression and some mental deterioration were common factors.

Interest in sex was diminished, and this sometimes amounted to impotence. Quite a number of patients manifested aphanisis.

Aggressive behaviour was not common but evidences of repressed aggression were marked. Tenseness and pent-up feelings were manifestations of this. When talking about their symptoms they would frequently say they felt tense and pent up and would like to shout, break a window or do some other mad thing to let out this feeling. Some, when discussing their war-time experiences, would become angry and then dissolve into tears.

I have deliberately not attempted to give any account of the physical symptoms encountered, mainly for reasons of space but partly because they would lead us away from the main theme of this paper.

Quite a high percentage of these patients had the obsessional character.

I will illustrate this tabulation of symptoms by a few brief references to typical case material.

Case 1.—This man was an old regular L.C.C. Fireman, who was conducting fire-fighting at the London Docks when he was 'bomb-shocked'. This occurred about two days before he was admitted to hospital. When he came in he was acutely hallucinated. He was back at the fire, on his job, pointing here and there, shouting to his men and giving instructions how to cope with fresh outbreaks. He had no contact at all with the present reality situation of being in hospital and angrily brushed aside all attempts to control him. He was, however, in a very exhausted state and soon responded to an injection of hyoscine B. After a period of a week's continuous narcosis the hallucinatory state passed and he became quieter, asked where he was and gradually orientated himself to the hospital surroundings, etc. His last conscious memory was of being at the fire and of the bombing. There was no history of previous nervousness. He had been very happy with his wife and family and in his work. In fact, there were no pointers to any obvious conflict. He was, however, a well-marked obsessional character, which had been a great asset to him in his work; thoroughness, precision and always being prepared.

After he had had a few weeks' rest in bed, I attempted to get some recall of memories but could not fill the gap between the last bomb explosion and his regaining consciousness in hospital. He ultimately returned to duty at the station but not to the type of work which he had done previously. He had made a good recovery but up to the time of leaving hospital he was having occasional 'night starts', waking up in a panic but with no conscious memory of what was causing the anxiety.

This case is representative of many acute cases which I have met only when they had become chronic, though perhaps he had made a better recovery than can usually be anticipated after such a severe attack. I would regard him as susceptible to further trauma, and, if we compare this case with the next, we can see how he might probably have broken down under adverse circumstances.

He illustrates very well Freud's concept of traumatic neurosis as described in *Beyond the Pleasure Principle* (1920; Chap. IV). It will be remembered that he there gives an account of the functioning

of system Pcpt.-Cs. He states that there consciousness arises instead of the laying down of a memory trace, that it is placed between the deeper psychic systems whose function is retention and the external protective barrier, and that when this barrier is broken down by strong external excitations, the situation can be regarded as traumatic and the anxiety which arises as primary. The psychic apparatus is flooded with large masses of stimuli. With this concept in mind, there is little difficulty in understanding the acute phase of this man's illness in which he felt himself still at the fire.

Case 2.—A Company Sergeant Major, sent to hospital rather against his will, complained of nervousness on parade, inspections, or at church; lack of confidence; insomnia and terror dreams. He was superficially composed but as soon as he started talking about his symptoms he broke down and wept. He was very depressed, had a fine tremor of hands and sweaty palms.

History of Present Illness. Was on an evacuation ship when she was bombed but actual symptoms occurred twelve months later, five months after he had been promoted to C.S.M. He could not keep his mind off his work, was always planning and scheming how the company should be run. He had the best turned out squad in the battalion and he must not let it down. All this led to insomnia and then he started having terror dreams of the bombing in France and of the ship he had been on. No previous history of nervousness. He had joined the Army at 17. At 24 he was put on Army Reserve as full corporal. Had been a bus conductor and assistant regulator. Was recalled to the Army and promoted sergeant 5.9.39 and went to France 12.10.39.

I only had five interviews with this man but a good understanding of the interplay of psychic forces was obtained. My first move was to get him to talk about the bombing in France and of the ship. This loosened things considerably and then he felt free to talk about his other anxieties. He had been very worried when he left the Army in 1931 because he could not get a job but once he found employment all was well. There was very little of interest after this except a strong urge to get on. In childhood he quarrelled considerably with his elder brother, but had a very good relationship with both parents. He had taken his father as an 'ideal figure'—a wonderful fellow—a Chelsea Pensioner, who had been in the Boer War and in the last War, and had been a sergeant before the Boer War but had refused higher rank. There was a brother, five years' younger, who was also a regular. At school he was average, mixed well and became house captain. Married twelve years: two children and very happy.

After he had recounted his life history, I tried to show him that his difficulty in his present job was dependent upon his early childhood attitude to his father. His father was the idealized person, he was doing better than his father did in the Army and he could not allow himself to do this. Yet on the other hand he had a marked drive to do well. I also brought in the idea that the bombing dreams might be taken as a symbol of punishment for daring to do better than his father.

We worked out a compromise (as I was unable to attempt analysis of the father relationship) which he was quite willing to accept: i.e. that he should return to his buses and take up sergeant's work in the Home Guard.

There were evidences of pregenital fixations from his obsessional characteristics. As a child, it was obvious that he had been definitely aggressive and had a well-developed feeling of guilt in relation to it. The idealization of his father would appear to have been his method of mastering this instinctive drive and had worked well until he found himself in competition with the father figure.

Case 3.—This man, a Dispatch Rider in the Signals, was admitted from his Unit. There had been some bombing in the neighbourhood and he came into hospital in a state of acute anxiety with delayed sleep, terror dreams of the bombing, tremulous and with profuse sweating.

History of Present Illness. Was D.R. in France. Was not nervous until he had witnessed the bombing of the civilian population on a large scale—which he stated horrified and shocked him and led to depression and a sick feeling in the pit of his stomach. However, he carried on and it was not until he was incessantly bombed at Dunkirk that he broke down. On return to England he was given sick leave, but when returned to his unit he was obviously not fit and was put on light duties. Bombing in the neighbourhood soon precipitated a relapse and he was admitted to hospital.

Past History. Stated that he was breast fed and had a normal early development. Was fundamentally unhappy but found happiness in a make-believe world of his own. Home life not happy. Æt. seven he injured his right eye and developed a cataract. He was very conscious of this disfigurement. At school he was sociable but preferred his own company. He was unpopular with the teacher, who caned him daily. He was a poor scholar. Adolescence was difficult; the girls used to tease him about his eye. Æt. sixteen he met a sympathetic girl and about six years later they married and this proved to be very successful. After doing a few odd jobs he took up chicken farming on his own and was very happy until he was called up with his age group.

Family History. Father an ex-policeman, strict in the wrong sense. The children were always the target of his temper. Patient felt he wanted to love his father but this was over-shadowed by fear of his temper. Mother was strict but just He

felt she would have been kind and generous towards the children except for the fear of father finding out. He always loved her. He attributed many of his childhood difficulties to the incompatibility of his parents. He was the youngest in the family, with a brother two years and sister four years his senior. Very close relationship with sister, to whom he used to unburden his childhood difficulties. Very little in common with brother except fear of father.

In view of the history which he had given me, especially of his father relationship, I adopted the attitude in treatment that we had to go over his war experiences and link them up with the bad days of his childhood, but that I would be with him in his imagination as a helpful person. At first he had very considerable difficulty in verbalizing his experiences in France, but after a time he talked fairly freely. Then he got on to fears about himself: would he ever be able to work again and do a man's job? would he get over his sexual impotence?—as since Dunkirk he had little or no inclination for intercourse with his wife. In his fears over getting any enjoyment out of life I felt he was a good example of Ernest Jones's aphanisis—for all these were so obviously connected with his castration fears of early childhood, which the bombing, etc., had recathected.

The time factor prevented any deep analysis, but the correlation of his war experiences with those of childhood and a general ventilation of pent-up feelings to me as an uncritical person, helped him to master his fears to a considerable extent and to resume something of a normal life again.

The fact that he was able to take me as a friendly, helpful figure—a good father substitute—helped him considerably to master the anxiety situation. There was a very deep hatred for his father and consequent castration threat. It might be possible to speculate that the civilian bombings were associated with the many parental quarrels which he had witnessed from a very early age and had cathected his death wishes towards his father, while his being bombed was the return of his aggression on to himself.

These brief sketches illustrate the types of service and ex-service patient who were referred for treatment, They had all experienced quite severe traumas, and I have attempted to show that in each case there were indications of pregenital fixations and that these reinforced the external trauma or else made the man less able to cope with his high charges of anxiety. The following three cases illustrate how a strong sadistic trend may transform an 'unpleasant' episode into a traumatic situation.

Case 4.—The first of these patients, still in analysis, A.B., unmarried woman, 47, was in a nursing home on account of fugues following a motor accident. When I saw her she was very withdrawn and unco-operative. She spent a large portion of her time doing 'automatic' drawings. They were mainly prosaic designs but included such things as heads of gargoyles, mystic signs and portions of human bodies, such as female breasts. I explained the analytic method and she lay on the couch. Early in the first session she became very hostile, challenging me to find out her secrets. She then went into a hypnoidal state and re-lived some terrifying situation—I was just an observer. When she came round, she could give no account or explanation of what had happened except that it was one of her symptoms. This same thing happened for the next three or four sessions but with a different episode each time. As this procedure did not seem likely to lead anywhere, I suggested that she might like to sit up and tell me her life history. She replied that so many terrible things had happened to her that she could not face the recall. I then suggested that she might have a sedative which would dull her appreciation and enable her to talk more easily. I arranged that her nurse should give her Chloral gr. x about twenty minutes before I was due to visit her and that I would see her in her room, when she would try to tell me her life history.

The new régime worked well; she would start telling me an episode and gradually more and more re-live it. Sometimes it would end in her going into a hypnoidal state and re-living in that condition what she had told me. At other times, while telling me some episode in her life, she would go into a state of dissociation in which I would be included in the phantasy. The theme was always the same, though the presentation varied. She would be trying to escape from me for fear that she would destroy or hurt me. After a few weeks she had worked through the more difficult episodes and the chloral was discontinued but the 'life history' routine was continued.

After three months treatment had to be discontinued for external reasons. By this time she had been able to tell me the outstanding things in her life and had some understanding of the way in which they were affecting her. She was the third of five children. Her elder sister terrorized her in the early days and this rôle was later taken up by her elder brother, but in spite of this terrorizing she cherished a deep love for her. A younger sister also tended to dominate her and a still younger brother, whom she looked upon as her own child. The children led a very isolated life in the nursery with Nannie, and she always felt herself to be the odd one, so the birth of this baby brother gave her the feeling that he was her child. Two years later when he died she imagined it was her fault and that to keep him for herself she must swallow him up.

She remembers being disappointed that her mother had not breast fed her and that in some way she had missed something through this. The

Nannie had been severe over toilet training and as a reaction she indulged in a sly freedom of talk about anal and urethral activities. When five years old she became very concerned about her parents and feared that they might separate on account of her. She thought the only thing she could do to save the situation was for her to split into two. At school she lived in a world of her own and had little contact with other children. She was deeply distressed by the death of her parents during adolescence.

When about seventeen she developed a chronic infection of the vagina and suffered anguish from intense irritation. She asked her mother for advice and was told not to talk about such things. Later she asked again and saw their local doctor but he could not help. She then resigned herself to the condition. After the death of her mother she had to earn her living as nursery governess. While at her first post the vaginal irritation again became acute and she saw her employer's family doctor, who diagnosed V.D. She was dismissed in disgrace. She then saw a gynæcologist, who diagnosed the condition as an obscure rheumatic infection and admitted her to hospital, where she was for a year. Finally he had to operate, dissecting away all the infected tissue, leaving her with a deformed vulva and vaginal atresia. When she left hospital he told her that in the state she was in she would not be of use to any man but that she was to return in a year or so and he would put it right. This she never did.

After she left hospital she and her sister were taken to night clubs and shown the night life of London by her brother. She was revolted by what she saw and fled abroad, where she found some work. Here she was very happy. She became engaged to an Englishman but he was killed in an accident. She blamed herself for this because she had let herself love him and by her love she had destroyed him. In a masochistic way she took up with some of the natives and got into very bad company. She was drugged and seduced but owing to her vaginal condition penetration was impossible. These happenings led to a fugue, for which she was admitted to hospital.

A year later she met a woman to whom she became deeply attached and they travelled about a good deal together. On one occasion they were in a boating accident, and she remembers the anguish of missing her friend and swimming about looking for her. Later, when they were in a motor car on a mountain pass, another car crashed into them and they were left with two wheels hanging over the precipice. Subsequently her friend married and went abroad. Some months later she met a married man with whom she fell in love, and they went about together. He had with him a child of 8 or 9 who he said was his illegitimate daughter. This child usually accompanied them and was the cause of much jealousy. According to her story this man was a pervert. After he had made desperate love to her they would sleep together, but he refused coitus or any form of sexual gratification. This state of affairs went on for two years. She finally left him after an outburst of jealousy over the child. While driving back home after this she had a motor accident and was admitted to the nursing home.

Though little analytic work had been done in this period, she had gained considerable insight into her condition before leaving the nursing home. After the exchange of a few letters I heard no more until eight months later, when she wrote asking if she might continue treatment. She was back with me for a month and was then called away on account of a sick friend. While away she had a quarrel with her brother and returned in a very confused and exhausted state and had to be admitted to hospital.

After a few weeks she was able to give me an account of what had happened. She had been so upset by this quarrel that to console herself she picked up a soldier and they tried to have coitus but he failed to penetrate. This failure had the effect of a trauma and had re-activated earlier traumatic experiences, in particular the death of her mother and the feared loss of her homosexual friend. She asked if I would arrange for her to have the necessary operation, so that the vagina could function normally. After some analytic work on the wish to have it done had revealed no outstanding magical thinking that it would cure her illness, I arranged for the operation, which resulted in a definite freeing of her personality.

Since the first concentrated three months of history taking, little analytical work had really been done. She had either been in hospital, where privacy was impossible, or else she had been physically sick and unable to attend regularly—the latter being to a large extent a manifestation of resistance.

The drawings which she used to make are suggestive of a very early fixation—part objects. In the hypnoid states in which she was escaping from me, the scene was usually set under the sea and we were both swimming about. She was looking for some cave into which she could escape from me. Considerable anxiety accompanied these phantasies that she should damage me by her love. It may be suggested that these were manifestations of the birth trauma. It might be worth recording that she was a seven-month baby and great difficulty was experienced in raising her. She was very delicate during her childhood and prone to minor illnesses. Later in the analytic situation she was always playing for the dominant rôle. In everyday life she was constantly demanding attention and complaining when not getting it. Her capacity to withstand frustration was limited.

Her toilet training was strict and she had obviously considerable penis envy in relation to

her brother and apparently compensated for this when the baby brother was born. His death two years later was a very profound shock. She could not accept the reality of his death. It was not until after the operation that she was able to voice the meaning of her five-year-old phantasy of being split. She could now become a whole person again and be a woman; previously she was split into male and female—somehow she was both inside. She also had a phantasy of being shut up inside her own vagina, and now she could get out.

From this provisional survey of the findings, one may say that she had a large aggressive component which she was attempting to master, but rather unsuccessfully, and that this was what made danger situations into traumatic ones for her.

Case 5.—*C.D.*, a married woman in the middle thirties, came for treatment on account of insomnia and some sexual incompatibility with her husband who was twenty years her senior. These analytic findings can be presented schematically. She had been previously married in her late teens. Her married life was very happy for a few years, until her husband had to have an operation for cerebral tumour, which left him a helpless invalid. After a year he died, and during this time she had to nurse him entirely. She found giving enemas and catheterizing him particularly repugnant. During this year she was under considerable strain because she felt she might harm him through her inefficiency.

As a very small child she slept in a cot in her parents' bedroom. She was bottle fed One of her first memories was of a game with her bottle in her cot. She would hide it under the clothes, pretend it was not there, call for it and then find it. From the work which accompanied this memory, it appeared as though this was an endeavour to gain control, not only over the bottle and its contents but over her mother and perhaps the contents of her mother. In the transference situation, she expressed great fear of draining me dry—I would have no knowledge left to help my other patients. Then, to gain control over the copulating parents, whom she could see through the bars of her cot, she transferred them to her cot and attempted to manipulate them in phantasy in the same way as she had the bottle; but this was less successful, so in the end she swallowed them. Here her trouble really started, for she had now got inside her the thing that gave her the most pain. The analytic couch now became in her dreams and phantasy the lavatory pan into which she defæcated this material, drowning me and swamping the room with her urine and fæces. Pouring herself out like this was only possible because I was a robot, a person indifferent to love.

Quite early her father became a shadowy person, possibly because in her Œdipus situation she had identified herself with him and taken her mother as her love object. The mother actually did divorce her husband when the patient was about five, and there followed scenes of furious jealousy when her mother was with the man whom she later married. Her own first marriage was an undoubted success up to the time of her husband's illness, in spite of its being an escape from home. The traumatic experience here was the nursing and particularly his death. After he had died she had a 'horror' that he was not dead enough; he might come alive again and she would have to start nursing him again. Her recurrent dream was of him as he actually was just before he died, from which she always woke in a state of panic. She never had any dreams of nursing or of doing anything for him.

Here again we are dealing with marked oral and anal aggressiveness, which was inadequately libidinally bound because to love meant to destroy. I was a robot who knew nothing of love, so in that respect I was safe; but there were many occasions when she felt she had macerated or simply annihilated me.

In her analysis she would dissociate the affect from the train of her association; for long periods she would talk about either the early phase or the death of her husband and, as soon as any affect started to develop in relation to the one, she would switch her train of thought to the other.

This analysis was interrupted owing to war conditions but there has been a periodic exchange of letters. In one she told me that she had been actively thinking about and recalling events in the last year of her late husband's life and she was rewarded by having a dream about him as he used to be and that they were dancing gaily together. I mention this because it seems like a belated voluntary abreaction on her part. I now wonder whether, if I had adopted the principle of abreaction in relation to this memory when I had discovered its importance, I should have been able to shorten the period of analysis.

Case 6.—*E.F.*, a single woman of 35, still in analysis, came for treatment because she was always ill. She thought there might be a psychological factor as her symptoms were always worse after she had been out. She had lived at home until her parents died and then she came to live with her only sister, ten years her senior and also unmarried, with whom she appeared to be on quite good terms. She was very ambitious and had taken an honours degree in classics, which was her father's subject. After this she was unable to proceed with her career as a teacher.

She slept in a cot in the parental bedroom until eight years old, after which she shared a bed with her sister. While in the parental bedroom, after her mother had gone downstairs to get breakfast she would climb into bed with her father and he would teach her the Greek alphabet and numerals.

She would then have been between four and five years old. At five she started school and then had to get up at the same time as her mother. This academic association with her father continued throughout life and it was the *entrée* to his study. The change to her sister's room seems to have been accepted, inasmuch as she now had a sleeping partner ; but what rôle she was playing is not yet clear (at times it would seem that she is identified with her mother, at others, with her father). She was a tomboy from an early age and was excessively aggressive to both mother and sister, her mother in particular.

At school she had strong likes and dislikes for the mistresses and a special attraction towards the classics mistress. About twelve she was worried whether she would menstruate or not. At fifteen she had an attack of colitis during the holidays, after passing School Certificate. About a year later she developed the feeling of being lop-sided and different from other people. At eighteen most of her teeth had to be extracted and she wore a denture. This added to the lop-sided feeling. She was relatively free from symptoms during her college career but in spite of having done brilliantly she could not face her chosen career as a teacher. She tried less exacting ones such as secretarial work but always broke down with physical symptoms. She had chronic appendicitis during this time, which flared up when she was twenty-three and her appendix had to be removed. It was during this period that she experienced her trauma.

She was lying on a couch at home feeling very ill with appendicular pains, when her sister came into the room and said : 'Why don't you pull yourself together and do something, you know there's nothing the matter with you ; the doctors haven't found anything.' To this she replied in thought : 'I know I am ill and it will serve you right if you have to keep me for the rest of my life.' It was only after six months of analytic work that this memory was recovered and then for the first time in analysis she burst into tears and said : 'Now I see : for the last three years I've been taking it out of my sister.'

Soon after this she had a dream in which the fused figure of her father and myself went into her bedroom. This led to a good deal of work on the Œdipus situation from which it became clear that she had mainly renounced her sexuality in order to keep her father relationship. The trend shifted to her own aggressiveness and I was now the frustrating person, being so slow in my treatment of her. I suggested that we might again talk about her sister's reproach and her inner angry response. She detailed the episode again with a good deal of feeling and the following night she dreamt her sister was wheeling a pram in which was a baby ; she looked at it and it turned into a lizard and then into a small red dragon in a cardboard box, which she took in her hands. The next few days' work revealed her penis envy and her wish to take something from the mother-sister person—breast, penis or child. Her next dream was of intercourse with an unknown man, in which she retained his penis. The absence of penis (or breast and child in phantasy) was one of the reasons why she could not teach. Her sister at the time of the trauma was doing well as a teacher.

This is another case of strong sadistic traits, an unsatisfactory Œdipus solution and a traumatic situation, resulting from internal aggressive impulses. It also illustrates how taking a patient back to a trauma and again going over the material may lead to a further release.

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Our provisional definition of a trauma was : 'an experience which, if completed in the manner in which it was imagined, meant death to the individual himself.' This is inadequate, as it neither takes into account the deeper implications of the meaning of the idea of death, nor stresses the subjective side. The essential thing about bombing, etc., is one's helplessness in the face of danger. I found in bombing raids that my patients were less anxious by day than by night. One reason seemed to be that by day they could 'hold the plane in sight'. In *Inhibitions, Symptoms and Anxiety*, Freud, in discussing anxiety in relation to danger and traumatic situations regards anxiety as a signal for the avoidance of a danger situation (1926 ; 109). It is seen as an automatic phenomenon and as a rescue signal, a product of the infant's mental helplessness which is a natural counterpart of its biological helplessness (*ibid.* ; 108). The danger situation is one of separation from the mother, first at birth and later from the person he perceives and knows by experience that she gratifies all his needs without delay ; but, as he cannot yet distinguish between temporary absence and permanent loss, so the absence of the mother—a danger situation—becomes a traumatic one, should he be in need of gratification (*ibid.* ; 168). Further, Freud describes a traumatic situation as consisting in the subject's estimation of his own strength compared with the magnitude of the danger and in his admission of helplessness in the face of it—physical helplessness if the danger is objective, and psychological helplessness if it is instinctual (*ibid.* ; 160).

To go back again to Freud's description of a traumatic neurosis in *Beyond the Pleasure Principle* (1920 ; 34) : 'Such external excitations as are strong enough to break through the barrier against stimuli we call traumatic. In my opinion the concept of trauma involves such a relationship to an otherwise efficacious barrier . . . but the pleasure principle is to begin with put out of action here.' 'The patient has, so to speak, undergone a psychical fixation as to the trauma.' (*Ibid.* ; 10.) A traumatic neurosis may therefore be regarded as

resulting from a threat to the free working of the instinct of self-preservation. But Freud has argued that that instinct is in fact 'designed to secure the path to death peculiar to the organism and to ward off possibilities of return to the inorganic state other than the immanent ones; . . . the organism is resolved to die only in its own way.' (*Ibid.*; 48.)

It may be postulated that the transference neurosis arises from the pleasure principle and that the traumatic neurosis arises from 'beyond the pleasure principle', and that the function of the former is to save the individual from the latter.

It is difficult in every-day life to imagine a true objective traumatic situation (though these are common enough in war time). What we do meet however are cases where 'the characteristics of objective anxiety and neurotic anxiety are mingled', where 'the danger is known and objective but the anxiety in regard to it is overgreat. . . . It is this surplus of anxiety which betrays the presence of a neurotic element.' (Freud, 1926; 160.) Referring back again to Freud's protective barrier, while this functions for excitations coming from without, 'the sensitive cortical layer has no protective barrier against excitations emanating from within. . . . These transmissions of stimuli acquire increased economic significance and frequently give rise to economic disturbances comparable to the traumatic neuroses. . . . It is only after the binding [of these stimuli] had been successfully accomplished that the pleasure principle (and its modification, the reality principle) would have an opportunity to assert its sway without hindrance. Till then, the other task of the psychic apparatus would take precedence, viz. to obtain control of or to bind the excitation, not in opposition to the pleasure principle but independently of it and in part without regard to it.' (Freud, 1920; 41 f.)

In my earlier remarks about trauma I suggested that the patient was, as it were, fixated in time at the moment of the trauma and was unable to free himself. Since I wrote this, some of my patients have spontaneously verbalized this sensation of being stationary in time.

We know from our own observation of time that when we wake from sleep our time-sense is different from when we come to after an anæsthetic or concussion. In the latter the intervening time is unaccounted for but in the former the time sequence is unbroken. Also we know from our early work with hypnosis that a patient will wake and/or follow out a command at a given time under hypnotic suggestion, with a time precision which is quite uncanny. There are at least two possible sources for this time-sense. The sense of movement along the time-span of life from conception to death and the other, first hinted at by Freud in *Beyond the Pleasure Principle* (1920; 32) and later described in a note upon the 'Mystic Writing Pad' (1925; 473): 'On the Mystic Pad the writing vanishes every time the close contact is broken between the paper which receives the stimulus and the wax slab which preserves the impression. . . . I have supposed that cathectic innervations are sent out and withdrawn in rapid periodic impulses from within into the completely pervious system Pcpt.-Cs. So long as that system is cathected in this manner, it receives the perceptions (which are accompanied by consciousness) and passes the excitation on to the unconscious mnemonic systems; but as soon as the cathexis is withdrawn, consciousness is extinguished and the functioning of the system ceases. It would be as though the unconscious stretches out feelers, through the medium of the system Pcpt.-Cs., towards the external world, and these are hastily withdrawn as soon as they have sampled the excitations coming from it. Thus I have attributed the interruptions, which with the Mystic Pad have an external origin, to the discontinuity in the current of innervation; and the place of an actual breaking of contact was taken in my hypothesis by the periodic non-excitability of the perceptual system. I further suspected that this discontinuous method of functioning of the system Pcpt.-Cs. lies at the bottom of the origin of the concept of time.'

I have quoted this at length because I am of the opinion that the Mystic Writing Pad can be used to demonstrate graphically certain stages in traumatic neuroses.

In the case of the severe trauma, one can conceive of the celluloid 'protective barrier' being torn and the style also tearing the thin waxed paper, 'system Pcpt.-Cs.', and actually breaking the surface of the underlying wax slab, 'the unconscious'. This would represent a state of acute hallucinatory psychosis. In less severe cases, the celluloid 'protective barrier' might not be torn, but the style be pressed so heavily that the waxed paper will not disengage at once from the wax slab. The imprint of the stimulus would thus remain in the system Pcpt.-Cs. until disengagement had taken place. By repetition of this process it is conceivable that the surface of the wax slab might become roughened and 'sticky' so that a greater effort would be required each time to bring about disengagement. The development of this 'stickiness' I would equate with an alteration in distribution, or an increase, of the cathexes in the unconscious. As has previously been pointed out, one of the factors in traumatic neurosis is the subject's own estimation of his strength compared with the magnitude of the danger—but would it not rather be more correct to say his estimation too of the magnitude of the danger? So we have two subjective factors which might contribute to this 'stickiness', and the same is true with the excitation arising *within* the psychic apparatus which may cause those economic disturbances which are comparable to the traumatic neuroses.

Freud (1919 ; 401 f.) calls attention to the urgent need for psychotherapy for the masses and ends by saying that we shall have ' to alloy the pure gold of analysis plentifully with the copper of direct suggestion . . . Whatever form this psychotherapy for the people may take . . . its most effective and most important ingredients will assuredly remain those borrowed from strict psychoanalysis.'

In presenting the clinical material I have attempted to show that neurosis was a predisposing factor to trauma and that abreaction helped to relieve the symptoms resulting from the trauma—but whether it was by a method of repression, a separating off of the neurosis of the ' pleasure principle ' from that of ' beyond the pleasure principle ', I hesitate to say. One thing does seem to be clear however : that clinically the patient suffers less from anxiety, is freed from his fixation to the time of the trauma and is thus able to progress.

In discussion abreaction in *Inhibitions, Symptoms and Anxiety* (1926 ; 133), Freud states : ' We do not rightly know what is meant by abreacting a trauma. Taken literally it implies that the more frequently and the more intensely a neurotic person reproduces affects of anxiety the more closely he will approach to mental health. This conclusion is not tenable. It was because it did not tally with the facts that I gave up the theory of abreaction which had played such a large part in the cathartic method.' On the other hand, in *Beyond the Pleasure Principle* (1920 ; 37 f.) Freud says of traumatic dreams : ' When the dreams of patients suffering from traumatic neuroses so regularly take them back to the situation of the disaster they do not thereby, it is true, serve the purpose of wish-fulfilment, the hallucinatory conjuring up of which has, under the domination of the pleasure principle, become the function of dreams. But we may assume that they thereby subserve another purpose, which must be fulfilled before the pleasure principle can begin its sway. These dreams are attempts at restoring control of the stimuli by developing apprehension, the pretermission of which caused the traumatic neurosis. They thus afford us an insight into the function of the psychic apparatus, which without contradicting the pleasure principle is nevertheless independent of it, and appears to be of earlier origin than the aim of attaining pleasure and avoiding unpleasure.'

When we employ abreaction as a therapeutic measure we are deliberately re-enacting what the dream does, but furthermore the patient is this time not only playing the passive rôle but is also consciously and actively participating. He is observing his past feelings and impressions of the traumatic situation now in terms of the present and is bringing into a temporal relationship the ' nowness ' of the past and the ' now ' of the present. In this connection I can again quote Freud in *Beyond the Pleasure Principle* (*ibid.* ; 15) : ' We see that children repeat in their play everything that has made a great impression on them in actual life, that they thereby abreact the strength of the impression and so to speak make themselves masters of the situation.'

Throughout *Beyond the Pleasure Principle* Freud stresses the archaic workings of instincts of which repetition compulsion is an outstanding manifestation. Here it might be worth while noting that, from what we know of the structure and of the development of the central nervous system, during the time at which repetition compulsion is the dominant factor in the child's activities, consciousness, or rather the highest functioning level, is in the palæëncephalon, and that it is mainly during the period when the child is solving his Œdipus difficulties that the transition takes place from the palæëncephalon to the neopallium.

I think I cannot do better than close with a further quotation from Freud (1926 ; 161 f.), in which he refers briefly to the danger situation—to danger and the determinants of danger—the unfettered workings of the pleasure principle and the threat of castration as the outstanding menace : ' Taking this sequence, anxiety—danger—helplessness (trauma), we can now summarize what has been said. A danger-situation is a recognized, remembered and expected situation of helplessness. Anxiety is the original reaction to helplessness in the trauma and is reproduced later on in the danger-situation as a signal for help. The ego, which has undergone the trauma passively, now repeats it actively in a weakened version, hoping to have the direction of it in its own hands. It is certain that children behave in this fashion towards every painful impression they receive, by reproducing it in their play. In thus changing from passivity to activity they attempt to master it psychologically. If this is what is meant by " abreacting a trauma " we can have nothing to urge against the phrase. But what is of decisive importance is the first displacement of the anxiety reaction from its origin in the situation of helplessness to an expectation of that situation, that is, to the danger-situation. After that come the later displacements, from the danger to the determinants of danger—loss of the object and the modifications of that loss with which we are already acquainted.' [2]

[2] In this paper I have kept very strictly to Freud's concept of the barrier against *external* stimuli and of the absence of any such barrier against *instinctual* stimuli reaching the psychic apparatus. But is this really so ? Would not the clinical evidence point to the existence of some such barrier against instinctual stimuli which is broken down by the external trauma, so that the ego is overwhelmed by aggression from within and this threat to the integrity of the personality leads to a regression to the infantile depressive or pre-depressive position ? (With acknowledgements to Dr. David Matthew.)

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THE NATURE AND TREATMENT OF TRAUMATIC WAR NEUROSES IN MERCHANT SEAMEN

By DANIEL BLAIN (Sr. Surgeon (R), U.S. Public Health Service; Deputy Medical Director, War Shipping Administration; Medical Director, United Seamen's Service) and ROBERT G. HEATH (P.A. Surgeon (R), U.S. Public Health Service; Physician-in-Charge, Merchant Marine Rest Centre, Gladstone, New Jersey)

The Merchant Marine is a sufficiently unique body of men to merit a brief sketch of their characteristics before entering upon a discussion of their war neuroses. Most of the men are seafarers with whom the sea is the occupation of choice. Often it is even more—a refuge from the competitive life ashore. Since the onset of war this group has been augmented by others who look upon it as the branch of service in which they prefer to fight the war. In many ways, members of this latter group are much like those recruited into the Army and Navy.

During the war it is the duty of the psychiatrist in the service to get the patient back to active duty as soon as possible, or when this is impossible, to discharge him so that someone else may be treated in his place. Because of the resultant rapid turnover, it becomes difficult to pry deeply into the psychopathology. For other reasons it also seems unwise to do so. To evolve practical working concepts, we must rely to some extent upon the ideas advanced by those who analysed chronic cases in detail during the years following the last war. These ideas are put to the test as a working basis and either built upon, revised, or disproved.

To define a traumatic war neurosis is not an easy task. The definition must be broad and flexible to include the many and varied aspects of this condition. A traumatic war neurosis exists when, as the result of war-time experiences, an adaptation takes place in the absence of, or not in consonance with, organic changes, which results in a reduction of the individual's resources.

We have observed in our cases several distinct types of adaptation. (1) Highly emotional (or terror state). This is characterized by narrowing of consciousness, amnesia, confusion, vertiginous attacks, often loss of consciousness, with or without convulsions. (2) Sensory and motor phenomena. These are quite variable, the sensory phenomena often being hallucinatory reproductions of the traumatic episode. Motor phenomena can be considered an obliteration of certain functional parts of the ego. These vary from simple speech disturbances to a limb paralysis. (3) Autonomic imbalance with over-activity of the adrenergic or, as Cannon so aptly described it, the protective nervous system. In these cases any, or all, autonomically innervated organs are in a state of disruption.

Tics, although primarily motor phenomena, seem to have a different basis. Kardiner (1941) advances the theory that the individual so afflicted is using the protective devices which failed in the original emergency.

There are a number of unique mechanisms at play in the Merchant Marine which make a psychopathological study different and distinct from that of war neuroses sustained in other branches of the service. Some of these mechanisms tend to increase while others decrease the predisposition to break down.

The majority of the men are continuing with their peace-time job and can nevertheless feel that they are actively participating in the war effort. They, therefore, do not suffer the privation of the man drafted into the Army, who loses his job and is shunted off to the rigid life of a training camp. Personal advantages are not too remote. Wages are increased and bonuses are paid, which make the seamen feel that they are being compensated for their risk. The personnel aboard ship is not numerous, and each man has an individual job in which he can take some pride, thereby satisfying his ego, in contrast to the Army private who is but one of hundreds of identically treated recruits. Another important protective factor was touched upon in the introduction. Many of the old timers went to sea to escape the rigors of modern society. Some were alcoholics and a few suffered from sexual maladjustments. In many of these cases the enemy torpedo is less dangerous than the complications of society ashore, the desire to remain in a war neurosis being thus nullified. The neurosis which would be screened out by selective service may at times thereby stabilize against, rather than predispose toward, a war-time breakdown. Because these men have chosen this branch of the service voluntarily, malingering is a negligible factor. There is no pension, and since compensation is very

limited, a strong factor in the ætiology of a chronic neurosis is eliminated.

On the other hand, there are equally unique factors at play which tend to facilitate the development of the neurosis. The foremost of these is lack of pride in this branch of the service brought about by the fact that until recently the merchant seamen were looked down upon by the public in general. They wore no uniform, and they resented praise of other service branches whose mission they felt to be less dangerous. The absence of the *esprit de corps* of other services may certainly predispose to neurosis. Several factors are at play here. Men change ships frequently and, therefore, do not develop lasting friendships. Several age groups are represented on each ship and often resentments develop between them. A third possible factor may be a greater lack of confidence in the officers. They do not undergo the rigid training in leadership imposed upon officers in other branches of the service, occasionally are themselves unstable and certainly in some cases cannot develop the proper rapport with the men.

Lack of knowledge can also be considered a contributing factor in neurosis formation. Men not adequately instructed concerning their duties in emergencies are more apt to permit instinctive drives to overcome higher adaptive mechanisms. Also lack of confidence develops from the knowledge that the next fellow is not adequately instructed, and this causes increased tension.

Fatigue, a result of the constant state of overwatchfulness, brought about by unremitting awareness of lurking submarine or hovering bomber, has often temporarily disorganized the adaptive processes. For this new syndrome we use the term ' convoy fatigue '. This is a temporary condition, reversible with rest. When prolonged, as it is on many voyages (up to nine or ten months), it quite definitely predisposes to the more deeply disorganized and not so readily reversible neurosis.

From the basis of our observations with the acute cases in the Merchant Marine, the frustration of instinctual aggressive reactions to a real situation is outstanding in the formation of a traumatic war neurosis. When it is assumed that a large part of our aggressive energy during danger flows into the channel of self-protection, manifested by fighting or fleeing, the plight of the merchant seaman becomes clear. He can do neither. It is true that commencing at birth the individual's aggression is diverted by the influence of the environment, and instincts become modified in their expression. Interviews with our patients, however, have convinced us that under sufficient strain the primitive reactions break through and are frustrated. Many times we have heard that during torpedoings ' almost everyone went haywire, at least temporarily '. Likewise long, strained, suspense-charged days in ships and lifeboats, have netted similar results. Reports of the high incidence of psychiatric casualties among the marines on Guadalcanal support this contention.

The merchant seaman, in performing his duty, is certainly unable to flee. One part of his ship is as vulnerable as the next. Often during an attack, primitive instincts will overwhelm acquired adaptive patterns and the men will run wildly about the deck. Others have been observed futilely trying to dig foxholes in the steel plates of the deck with their hands. To be unable to fight back is likewise extremely frustrating. Men who at times have served with the gun crew report that, because on these occasions their actions are purposeful, they obtain a satisfaction which prevents anxiety and enables their adaptive processes to remain relatively intact.

Men report that invariably during attack they reach for anything handy and throw it at the enemy with immediate apparent release of tension. This is most marked during dive bombings, where the adversary is apparent for a longer time and the ensuing defenceless suspense becomes almost overwhelming.

This point is illustrated by a patient in one of the Rest Centres who suffered a full-blown anxiety neurosis, as a result of a torpedoing from which he was one of but three survivors. During that attack he had no defence. In the course of three weeks at the Centre he had recovered sufficiently to return to duty. Approximately six months later his ship was again attacked and sunk, this time by the more dreaded dive bombers. He served during this action with the gun crew helping to pass ammunition. Loss of life amongst the crew was again great, but he suffered no nervous manifestations. He volunteered during an interview that this time, in contrast to the first incident, he was too busy to become nervous.

We are quite convinced that the damming of this channel of aggression is responsible for many of the symptoms manifest in our cases. This subject is covered in group therapy meetings and has never failed to result in a heated discussion. Symptoms range from merely a restless pent-up feeling, to a full blown schizophrenic reaction which is almost invariably of the paranoid type. In this latter group, aggression is turned against the entire supposedly hostile world to such a degree that adaptation is possible only by complete withdrawal from reality. A milder reaction is frequently experienced in which the patient develops a hostile reaction toward every stranger he sees upon coming ashore. One patient reported that upon coming ashore he struck the first civilian he encountered, knocked him out, and as a result was placed in jail. He was at a loss to explain this reaction as he had never before seen the victim. To quote the patient's words directly: ' It just seemed he was looking down upon me; now I realize it must have been my imagination.' This reaction is very common amongst seamen. Less

commonly the aggression has turned inward and results in depression. This mechanism is certainly distinct with the Merchant Marine, since all other branches of service have one or both outlets, and there the conflict arises between ideals and the choice of outlet to follow.

We have encountered a very low incidence of hysterical paralyses. When it is considered that once aboard ship one is equal in danger whether on active duty or not, this is what one would expect and falls in line with the mechanism of hysteria outlined by Miller (1940) in his book on the neuroses of war. He states that the paralysis is nature's method of compromising between instinct and conscience. It is an acceptable way of releasing oneself from a dangerous situation. The few cases we have had occurred ashore as protection against returning to sea.

Conversion symptoms, when they do appear, are usually of the psychosomatic type. To the patient this is a solution acceptable to his own ideals, and to society in general, of the conflict between fear and the desire to carry on in the face of danger.

The victim of amnesia has not presented a great problem to us. Some writers have contended that it is very poor judgement not to restore the lost memory. No doubt this is true in dealing with chronic cases of hysteria. We have found, however, that the anxiety resulting from the restoration in patients who want to forget often nullifies our foremost aim—to get the patient back to sea. It is our policy in those who want to forget, and are not disabled, to support that tendency. Some few cases make an effort to recall every detail, at times almost to the point of compulsion. These likewise are supported in their efforts.

Our typical cases go through such distinct stages of symptomatology that they are worth mentioning. The first is what is best termed the terror or catastrophic anxiety state, in which nature's autonomic mechanisms take over. As indicated above, almost everyone subjected to the trauma experiences this at least temporarily. Often this primitive adaptation overshoots its mark, as exemplified in some men who freeze, unable to move. It is interesting that a slap on the face or the dropping of a wrench near-by will snap them out of it. This would seem to indicate that in adapting to the new, more commonplace trauma they are distracted from the hitherto overwhelming stimulus sufficiently long to make an adjustment to it. This stage is primitive, with complicated mental mechanisms not functioning, and in it no conflict or gain are detectable. In some of our patients this terror state was delayed, the person functioning automatically during his race with death and collapsing later. A large percentage of cases recover without treatment from this stage. In those who do so spontaneously it is usually but a short period after the overwhelming traumatic experience has passed. Others, when not treated, pass into what we have called the second stage.

We have for the sake of clarity referred to these acute reactions as neuroses, since this is conventional. So different are they, however, from the ordinary peace-time conception of this term that we wonder if perhaps this is not a mistake. The reactions are in no way tied in with conflicts interwoven with the personality. They are similar in all afflicted individuals regardless of background, are strikingly without mental conflict, and are so clearly a physiological disturbance that we are tempted in this stage to remove them from the neurosis category. It is true they are maladaptations to an external stimulus and, therefore, are covered by the definition we have chosen for traumatic neuroses, but it is interesting to speculate as to whether this is not too all-inclusive. Until they have been studied in more detail, however, we will continue to refer to them by the conventional term.

The second stage begins with a taking of stock by the individual as the anxiety storm subsides. In this, fears are activated with thoughts of death and strange sensations due to disturbed integration of bodily function. Our men commonly express this feeling with the statements ' I've lost my grip ' or ' I can't pull myself together '. Conflicts about duty and escape make their appearance during this stage.

One case, recently discharged, demonstrates this phase quite well. Following a torpedoing he developed a reaction which subsided spontaneously and he returned immediately to active duty. Only a few months passed before he was again torpedoed. This time his ship sank rapidly. He was entangled in a rope from which he managed to free himself only at the last moment. Acute anxiety and panic again developed, but did not subside so rapidly. He was eager to return to active duty, but in a short time developed abdominal discomfort with vomiting. In spite of these symptoms, however, he did ship out; but vomiting and abdominal distress became so severe that it was necessary, after a few days, to transfer him to an incoming ship. Upon entering the Rest Centre he was deeply preoccupied with the somatic symptoms, but wondered if they might not be tied up with his traumatic experiences. He readily accepted a psychiatric explanation, and improvement began immediately. He was keenly interested in the physiological responses of the gastro-intestinal tract to fear, and exhibited good insight. Upon discharge from the Rest Centre, he returned to sea duty, and postcards from foreign ports indicate that he continues well.

Patients in these stages are amenable to treatment. Because our casualties most often occur far away, with transportation home not always immediately available, some of our cases become chronic. Probably of even more importance than

the time element is the fact that during the return trip they are also exposed to the same dangers which precipitated the neurosis. In this third phase the patient tends to dissociate himself completely from his disability. The conflicts present in the second stage are dissolved, and anxiety disappears. These cases have proved almost hopeless. One such person would regularly vomit each meal, then report it to the nurse in a most unconcerned manner. He seldom mentioned war-time experiences, showed no anxiety, and instead calmly accepted his disability as unavoidable. In his lack of interest and insight, he contrasts sharply with the patient cited above to demonstrate the second stage. In this third stage, the war neurosis may begin to blend itself inseparably with previously existing civilian neuroses, and this likewise makes for poor prognosis. In patients in this stage, either conversion or anxiety symptoms may predominate. In those in which symptomatology is divorced from mental processes conversion is the rule. Those cases in which the war neurosis has blended with civilian conflicts often display anxiety predominantly.

In the final or chronic stage, the neurosis has lost its original relationship to the trauma and is a part of the previously existing neurosis. A discussion of chronic neuroses does not come within the scope of this paper.

We have noted, and this is in keeping with observations made during World War I, that often persons of lower mentality are more prone to develop conversion symptoms, whereas in more intellectual ones anxiety is outstanding.

We have been unable to delve deeply into the subject of dreams. They fall chiefly into two categories—catastrophic and frustration; the former more commonly appearing in the full blown neuroses, the latter in the cases of convoy fatigue.

Most of our cases are extremely irritable, especially to auditory stimuli. During thunder showers at night it is advisable to turn on the lights and awaken the dormitory, so great is the danger of head injury as the men leap from bed in their sleep to seek shelter with each clap of thunder.

Kardiner (1941) draws an interesting analogy between fatigue and the traumatic war neuroses, stating that the difference is largely quantitative, the first being a temporary disorganization of adaptive processes reversible with rest, whereas in the second a more permanent inhibition has taken place, and sleep is no longer restitutive. Recently we have had at Gladstone three cases who appeared to be typical paranoid schizophrenics with delusions and hallucinations. Their previous personalities were quite normal. The illness was acute. Under sodium amytal narcosis they all improved greatly and were ostensibly restored to their previous personality. Each had experienced long periods of strain and suffered fatigue. Sufficient time has not elapsed for adequate follow-up. Similar cases have been reported by the Navy.

Ideally, prevention of traumatic war neuroses in merchant seamen should begin before the danger zone is entered. Obviously, in the accepted sense this is impossible. With this purpose in mind, however, we are beginning an educational programme for merchant seamen. Problems of morale and all aspects of psychological first-aid are entered into. Since this is only recently and partially in effect, we cannot discuss its efficacy. Nevertheless. it has promise and is very interesting.

At present, our aim is to contact the psychologically disturbed seaman as soon as possible after he reaches shore. For this purpose a medical officer meets and interviews all repatriates. Anyone displaying evidence of nervous or mental distress is informed of the function of the Rest Centres. The seaman is made to feel that he is not neglected but rather has available to him the same services provided for members of the armed services. This same atmosphere, of making the seaman feel his is a service just as vital as any other in the war, is also carried through in the Rest Centres.

The purpose of the Rest Centres is to provide care for the early neurosis before it lapses into the hopelessness of chronicity. They serve, therefore, in much the same capacity as did the advanced psychiatric hospitals for the Army in the last war, and the high incidence of men returned to fighting service has been equally gratifying.

The Rest Centres are conveniently located: in the country, yet relatively near a port. The atmosphere is kept purposely simple, extremely informal, yet very hospitable without being oversolicitous. An effort is made to simulate a club more nearly than a hospital. The nurses do not wear uniforms, and are chosen for their sociable, cheerful and understanding personalities.

A group of new arrivals is invariably greeted by old guests with the attitude that the mere coming to the home is sufficient to promote improvement. With such an atmosphere, newcomers feel duty-bound to fall in line. Entertainment and recreation are usually provided by local people, carefully selected for their tact and acumen. The homes are located amid pleasant surroundings with many facilities for recreation. Excellent food is provided, and an air of restfulness prevails.

An inclusive diagnostic title, regardless of symptoms, is ' war nerves '. No inference is made to indicate that the patient might be suffering a mental illness, and the medical officer is referred to as a doctor rather than psychiatrist.

Each entering patient is interviewed at some length by the physician in charge, his case evaluated, and he is then assigned to a group. At one

of our Rest Centres we have segregated our men into two main groups according to whether anxiety or conversion symptoms are uppermost.

Various subjects are discussed as a routine in as elementary a manner as possible. The basic discussion is the same in the two groups, the final interpretation being in accordance with the group addressed. As in all group therapy sessions, men are encouraged to speak openly of their illnesses. They gain a sense of confidence in the realization that others suffer similarly, and this feeling is further intensified when all men in one group have approximately the same symptoms. Our main principle is to develop an air of confidence with realization that many of the physiological disturbances referred to as fear are normal reactions to danger and that the patient is not to be ashamed of them. The idea that fear and cowardice are the same is dispelled. We have found that an open discussion of the torpedoings tends to desensitize the men. Even for the doctors, the horror of a torpedoing is lessened when many stories are heard. To see survivors alive and well is reassuring. One feels that 'if the next fellow can make it, so can I'.

Dividing patients into diagnostic groups (without, of course, their being aware of the reason) has permitted interesting observations. When the subject of aggression is discussed, a heated discussion invariably follows in the anxiety group with vehement condemnation of our enemies. The resultant improvement is so marked with this group that many of them have referred to it as the cheer session'. A sharp contrast is observed in the indifference that prevails during this discussion with the conversion group. Many are in the second, or transition, stage and register varying degrees of interest. Others show the complete aloofness and indifference displayed by those in the third stage of the neurosis, who have completely divorced their mental reaction from their symptomatology.

The anxiety states likewise display more interest in the physiological mechanisms than do the conversions. It is interesting how patients suffering similar symptoms will join together, even when not encouraged to do so, probably in an effort to gain more sympathy as well as to find if the next person can provide additional therapeutic suggestions.

The group therapy sessions, plus the mechanics of the Home, are sufficient to restore practically all those cases falling into the first stage, and many in the transition stage. These are cases in which the conflict is superficial, perhaps better described as merely reactions, so different are they from the conventional conception of a neurosis. When cases do not improve under the above régime, they are given in addition individual therapy. Many more patients in the transitional or second stage are thereby salvaged. Cases who have lapsed into the third stage have almost always proved hopeless, regardless of methods used. Fortunately they are instructive, and the physician is therefore partly rewarded for his expended efforts.

At all times we are careful not to probe too deeply into the psyche, to stir up the hornet's nest of unresolved pre-war conflicts. Our procedure is not to ask, but to listen.

One of our most gratifying methods of treatment, especially in those exhibiting conversion symptoms, has been hypno-suggestion. To accomplish this, sodium amytal intravenously, combined with benzedrine by mouth, is extremely helpful. The two drugs produce a garrulous euphoric state in which the patient is very suggestible. This treatment is likewise a useful adjunct in obtaining mental catharsis. Material uncovered is always reviewed with the patient a short time later. We find it advisable to permit the patient to gain, if possible, some degree of transference to the doctor before undertaking this treatment lest he should feel that he has been forced to yield information. Resulting resentment would nullify possible gains from the treatment.

Narcosis treatment has proved valuable in the previously discussed acute schizophrenic reactions as well as in severe cases of convoy fatigue.

As mentioned in the introduction, it is our primary purpose to get men back to sea. Our cases are acute, and deep analysis into the mechanisms of the neurosis is impossible.

Somewhat different situations are encountered and, as a result, the prevailing symptomatology is at variance with that found in other branches of service. Prognostic aids which are valuable and, above all, time-saving, have been evolved. The Rest Centre organization and group therapy sessions have proved very effective.

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THE FORMATIVE ACTIVITY OF THE ANALYST[1]

By RICHARD STERBA, DETROIT

It is neither by mere chance nor as a result of one-sided interest that so many of our papers on psycho-analytic therapy concern themselves with interpretation. Interpretation is and will always

[1] Read before the American Psychoanalytic Association, Detroit, May 10, 1943.

remain our paramount technical method in therapeutic procedure, as long as we do not work (Freud, 1904) '*per via di porre*', that is, by strengthening the repressive forces, but '*per via di levare*', by undoing repression and thus making the unconscious accessible to the ego so that it can integrate parts of the id and use its newly acquired energy for its manifold purposes. Our ultimate dynamic aim in interpretation is the strengthening of the ego through the addition of instinctual energy which has hitherto belonged to the unconscious. There can be no doubt that interpretation is our main pump in the therapeutic 'draining of the Zuyder Zee' (Freud, 1933 ; 106).

The fact that the direct interpretation of recognized unconscious material is not usually the means of achieving our therapeutic purpose was a fairly early discovery. Very often the patient is unable to accept the interpretation or even to understand it. Pre-interpretative measures must be taken so that he will be able to understand and accept our interpretations. Such measures consist mainly in the analysis of the ego-resistances or -defences against the expression of unconscious material. Excellent papers by Sigmund and Anna Freud, by Wilhelm Reich, Otto Fenichel, M. N. Searl, Edward Glover, James Strachey and others have been devoted to the preparatory steps of interpretation. In contrast to these, the post-interpretative states and procedures have been neglected in analytic literature. It is in my opinion a necessity that we should focus our attention upon the dynamic situation which exists after a correct and, if necessary, well-prepared interpretation has been given to the patient. For in my experience many analysts stop their therapeutic activity at the point where the interpretation has been supplied to the patient. For such analysts interpretation is the only work. Interpretation, and the preparation for it, is their contribution to the therapeutic procedure. The rest of the process has to go on within the patient. He is, so to speak, left alone with the interpretation. In my opinion this attitude on the part of the analyst is a continuation of the 'take it or leave it' policy of the earliest lines of analysis, which is so well expressed in Freud's dream of Irma's Injection (1900). The only difference is that owing to the analysis of the resistance the possibility of the patient's 'taking it' has been enlarged in comparison with Freud's earlier therapeutic measures.

Even if the interpretation of a patient's behaviour, or of his defence mechanisms, is repeated on different occasions, a merely interpretative attitude neglects the further task of the analyst, who must help the analysand to do something with the interpretation, that is, with the newly acquired knowledge about himself.

This merely interpretative attitude on the part of the analyst seems to me an expression of belief in interpretation as a kind of magic formula which works with miraculous efficacy immediately upon its pronouncement by the analyst. But in my opinion the analyst has the further duty of helping the patient in overcoming mental inertia, of showing him how to use the newly acquired insight into himself, into his pathological repetitions, anxieties and defences constructively, so that a re-orientation towards his inner as well as his outer world shall result. The achievement of this re-orientation is our final therapeutic goal, in the light of which our interpretation of the patient's defence mechanisms and unconscious material can be considered only as a preliminary and preparatory procedure. It is true that in many cases the re-orientation for which we are working takes place automatically as soon as the patient develops intellectual and emotional insight into his unconscious as well as into his pathological and inappropriate reactions. But it is far from true that after the patient has accepted our interpretation we can *always* leave it to him to do the remaining therapeutic work of re-organizing his personality. He simply would not do it. The reasons why he does not take advantage of his newly gained insight are many. In general they represent the same forces which we find active against any change in our adaptations, and 'mental inertia' is a term which summarizes them. It is needless to remark that infantile anxieties and unconscious instinctual gratifications may prevent the necessary changes, and that therefore further purely analytic interpretative measures must be taken. But the necessity for changing in itself, the need to give up old ways of restoring the mental equilibrium in favour of new adaptations, creates a type of resistance to which Freud gave the name 'resistances of the id', although we can easily see that the ego too in most instances refuses to undergo changes in its reaction patterns. To me it seems a therapeutic necessity to help the patient in effecting these changes by something more than the preliminary act of interpretation. This additional function of helping the patient, which may even amount to forcing him to establish a re-orientation of his personality and a re-adaptation to his outside world, I should like to describe as the 'formative activity' of the analyst. It no doubt belongs to the 'working through' part of our task.

It is difficult to describe in detail in what this formative activity consists. It is operative within a wide range, from energetic activity to a mere attitude hardly sensible to the patient. Its methods vary with the personalities of patients as well as with their analytic and emotional situations. I am inclined to describe formative activity in a general sense as a continual effort to exert pressure on the patient in order to force him from a state of unhealthy pathological reactions and fixations into better adaptation and a more satisfactory solution of both his inner and his outer problems.

Psycho-analytic treatment has often been com-

pared to orthodontic procedures. Freud once uses the term '*redressement*', probably with reference to the forceful treatment in orthopædic therapy. Both comparisons imply the exertion of pressure from the outside. The means which we use in order to force the patient to change are manifold. In many instances we show him what he did and what he had better have done in certain situations. We use the frustrating effect of interpretation in order to prevent him from repeating his pathological gratifications and reactions. We use his respect for our own opinion in order to make him feel ashamed of his lapses into useless infantile behaviour. If necessary we show him more or less drastically what his repetition of pathological reactions will bring him to, what dangers or frustrations will result from such repetitions. We have to use all these and other means of *personal influence* to mould our patients into a healthier personality formation.

Freud says in his *Introductory Lectures* (1917) that in our therapeutic work, particularly in those phases where infantile conflicts are renewed, we must use 'all our available mental forces in order to press the patient into a new decision'.[2] In my opinion these mental forces consist in persuasion and threat, promise of reward, encouragement and praise, as well as all the rest of the mental equipment we employ when we try to make somebody do a thing that he originally does not want to do. However, such means are exactly those which we use in *education* in order to effect the shift from pleasure principle to reality principle. In this respect psycho-analysis is true re-education. As I once pointed out (1932) education can be considered as the extended psychological repetition of birth, that is, of the change from intra-uterine to extra-uterine existence. Analytical therapy is the last act of this psychological repetition of birth, and, like all the preceding psychological acts of birth in the form of education and like the physiological act of birth itself, it must be accomplished by pressure and force.

The dynamic basis of this energetic influence of the analyst on his patient is the transference. Infantile dependence, love, admiration and confidence are the expressions of the positive transference which enable us to direct our patient mentally towards our therapeutic goal. The actual superiority of the analyst's personality to that of his patient is of considerable help in this process. But as in hypnosis, so in our formative activity in analysis we work mainly with borrowed energies.

There can be no doubt that formative activity requires certain personal qualifications which should not be missing in a good analyst. Formative activity is a part of our work which can hardly be learned, and for which we can give neither prescription nor technical advice. Such work is truly creative, like the work of good education, and the personal gift of handling other people is requisite in an efficient analyst. Personal influence must be exerted in such a way as to be at the same time flexible and consistent. The comparison with a good fisherman, who knows how to play the fish after it is caught on the hook (of transference), is a ready one. Formative activity is at once the most difficult and the most satisfactory of our many therapeutic activities. If analytic intuition and insight into the patient's mental content can be compared to the inspiration of the creative artist, the formative activity in our therapy can be likened to the other power essential to the artist's creation: the ability to give his idea *form*, to body it forth into the final artistic product. Intuitive insight into the patient and the ability to use this insight constructively for the transformation of the patient's personality are the equivalent constituents of analytic therapy.

I am well aware of the many limitations we must impose upon our formative activity. We are not supposed to set ourselves for it, neither should we

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[2] Translated by the author. The English translation by Joan Riviere does not give the right meaning of Freud's words: 'Das entscheidende Stück der Arbeit wird geleistet, indem man im Verhältnis zum Arzt, in der "Übertragung", Neuauflagen jener alten Konflikte schafft, in denen sich der Kranke benehmen möchte, wie er sich seinerzeit benommen hat, während man ihn durch das Aufgebot aller verfügbaren seelischen Kräfte zu einer anderen Entscheidung nötigt.' (*Gesammelte Schriften*, VII, 472.)

[EDITORIAL NOTE: Dr. Sterba's criticism of Mrs. Riviere's translation seems unjustified. Her version of the passage is as follows (*Introductory Lectures*, Revised Edition, 1929, 380): 'The decisive part of the work is carried through by creating—in the relationship to the physician, in "the transference"—new editions of those early conflicts, in which the patient strives to behave as he originally behaved, while one calls upon all the available forces in his soul to bring him to another decision.' Thus the difference of opinion between the two translations is as to whether the forces that are to be evoked are the patient's or the analyst's own. The actual words seem capable of either interpretation and the question is best settled by an examination of the context as well as of any other passages from Freud that deal with the same point. Two sentences earlier, Freud writes: 'In order to dissolve the symptoms it is necessary to go back to the point at which they originated, to renew the conflict from which they proceeded, and with the help of propelling forces which at that time were not available [mit Hilfe solcher Triebkräfte die seinerzeit nicht verfügbar waren] to guide it towards a new solution.' Similarly, in the *New Introductory Lectures*, 1933, 198 (*Gesammelte Schriften*, XII, 314), where Freud continues the same discussion, he writes: 'Only too often one seems to see that the therapeutic process is merely lacking in the necessary motive force to enable it to bring about the alteration. Some specific tendency, some particular instinctual component, is too strong in comparison with the counter-forces that we can mobilize against it [eine gewisse Triebkomponente ist zu stark im Vergleich mit den Gegenkräften, die wir mobil machen können].' It seems hardly possible to doubt that in all of these passages Freud is concerned with the economic balance of forces within the patient, with the possibility of the analyst evoking one set of forces in the patient to operate against another, rather than with the notion of the analyst bringing forces of his own to bear upon the patient. Further consideration will perhaps convince Dr. Sterba of the correctness of Mrs. Riviere's version.]

impose upon the patient our own *Weltanschauung* or our opinions on various matters. Even our own personality pattern is not supposed to be a model for our moulding the patient into a new orientation towards life. Much objectivity is needed. The process of temporary identification with the patient and the subsequent ejection of this identification, which resembles the mechanisms described by Ludwig Jekels (1930) in his excellent paper on the psychology of pity, seems to be an important factor in gaining this objectivity. In formative activity more than in any other part of our work the personality of the analyst is a decisive factor.

I know very well that in all I have said I have stepped on ground in the realm of therapy which to some analysts seems as dangerous as a minefield. Such an attitude contradicts their analytic thinking. Their idea of the analyst is a very neutral, colourless and impersonal image, invisible to the patient and without influence upon his decisions, whose only function is to offer the patient material for better judgement. But I may remind those who think in this way that human beings are very little influenced by their intellectual insight, that they need strong emotional support in order to use it for their own benefit, and that the neurotic in particular is a weak person in this respect.

I have mentioned already that I have found very little on this subject in psycho-analytic literature. Our technical papers show a rather rigid attitude in cautiously avoiding discussions of any activity on the part of the analyst that is not merely interpretative. There are some exceptions, however. Franz Alexander (1935), for example, emphasizes the fact that the analyst has the task of assisting the patient's ego in his synthetic endeavours. He states that, 'what we call " working through " has the function of aiding the integrating process ', and speaks of the active influence of the analyst upon the assimilating process going on within the patient. 'The standard technique ', he says, 'as it is used since Freud's technical recommendations, consisting in interpretations centering around the transference situation, really involves an active participation of the analyst in the integrating process.'

Melitta Schmideberg (1939) recognizes how often steps and activities which are not merely interpretative are applied in therapeutic analysis and how they contribute to the therapeutic result. M. N. Searl and Edward Glover give some indication that they recognize non-interpretative influence on the part of the analyst. Edward Bibring (1937) recognizes that pedagogic measures have their place in analytic therapy.

And last, but certainly not least, Sigmund Freud has much to say about the influence of the analyst on his patients. In this connection Freud uses a term which for us nowadays has a flavour that we do not like to connect with psycho-analytic therapy. This is the term 'suggestion '. For us the term 'suggestion ' used in connection with psychotherapy has the connotation of making the patient believe things that are not so, and keeping him from recognizing others which really exist. But this is not Freud's understanding of the term when he speaks of suggestion in connection with psycho-analytic treatment. He, and this he makes quite clear in his *Group Psychology* (1921), uses the term to mean *any personal influence* on the patient.[3] Having this in mind, that in the following quotations, chosen from among many similar ones, Freud uses 'suggestion ' to mean *personal influence*, it will be found that in his writings we can discover many clear expressions of what I call the formative activity of the analyst. Again, Freud (1922) speaks of 'the suggestive influence which is inevitably exercised by the physician '. In his twenty-eighth lecture (1917 ; 377) he says, comparing hypnosis with psycho-analytic therapy : 'Analytic therapy takes hold deeper down nearer the roots of the disease, among the conflicts from which the symptoms proceed ; it employs suggestion to change the outcome of these conflicts. . . . The labour of overcoming the resistances is the essential achievement of the analytic treatment ; the patient has to accomplish it and the physician makes it possible for him to do this by suggestions which are in the nature of an *education*. It has been truly said therefore, that psycho-analytic treatment is a kind of *re-education*.' Further on in the same lecture (*ibid.* ; 381) he says again : 'The change that is decisive for a successful outcome . . . is made possible by changes in the ego ensuing as a consequence of the analyst's suggestions,' that is, under the personal influence of the physician. I quote finally from Freud's *Laienanalyse* (1926) : 'This personal influence is our most powerful dynamic weapon ; it is the means by which we introduce something new into the situation and bring it into a state of flux. The intellectual content of our explanations cannot effect this.' In the sentences following this he speaks of the great 'suggestive ' influence in psycho-analytic therapy. Many other quotations from Freud's writings could be added, in which he expresses his opinion about the significance of *personal influence* in psycho-analytic therapy which has to be used *over and above* interpretation.

Goethe once declared that man's most important study is man. No other psychologist has contributed so much to that study as Sigmund Freud. But through the analytic method of psychotherapy he did more : he gave us the possibility of remodelling individual personality structures of an unfavourable and neurotic kind. His study and insight into the human mind enable us to

[3] [On p. 100 of *Group Psychology* (1921) Freud defines suggestion as 'a conviction which is not based upon perception and reasoning but upon an erotic tie '.—Ed.]

form and mould distorted minds and personalities into a better shape. And so we who are psychoanalytic therapists can, by using the vital tool of our formative activity, take into our hands the useless structures and neurotic mazes of distorted personalities, can work, shape and form the valuable energies that have been wasted in them into the living pattern of an efficient human being. And in so doing we go beyond the *study* of man to the active and most important *work* of man, namely the work of building man.

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ON SOME ASPECTS OF MASOCHISM[1]

By HILDE LEWINSKY, MANCHESTER

Masochism is a subject which is considered problematical by even the most experienced analysts. Though Freud fixed its position in a twofold way, we are still, as he himself emphasized repeatedly, far from understanding its complicated structure, its relations and influences. The fixed position may be summarized briefly as follows. In the first place, masochism is coupled with sadism as its counterpart—its turning upon the self in combination with the residue of primary erotogenic masochism. The other landmark given to us is the division into feminine and moral masochism. As additional factors, anal fixation and skin-erotism play important parts. For our practical work the neurotic gains achieved by the masochistic attitude are of special importance: firstly, in common with other perversions, the avoidance or binding of castration-anxiety, and secondly, partly interwoven with the first, the satisfaction of super-ego-prohibitions with regard to genitality and sadism —the masochist does not need to take any responsibility for his sexual satisfaction.

In my own experience very little headway has resulted from *direct* interpretations of the turning of sadism upon the self, although castration-anxiety and need for punishment as well as avoidance of responsibility were dealt with extensively; and the literature shows that other analysts have also had great difficulties in getting definite results with masochistic patients. During my work I have found that there are certain important neurotic advantages gained by the masochist, the demonstration of which paved the way for treatment considerably. My present paper will deal mainly with these problems of the ego and with the narcissistic satisfactions gained.

One of the main problems of masochism appears to me to be the fact that, while pain usually leads to the dissolution of an object-relationship, its effect in masochism seems to be quite the opposite. How is it that in masochism pain is the basis on which the object-relationship is kept up?

In *Beyond the Pleasure Principle* Freud (1920; 34) has described the reaction which we might expect when the protective barrier against stimuli is broken through. He writes: 'An immense anticathexis is set up, in favour of which all other psychic systems are impoverished.' This anticathexis means an increase of narcissistic libido. Is it not possible that in masochism the love-object is used to *induce* this increase? May it not be that the pain in masochism has retained the characteristics which Freud described as its ordinary effect, and that it is this effect which is sought for?

If, however, masochism is defined as being coupled with passivity, this making use of the love-object involves a contradiction in terms. But is the differentiation active-passive for sadism-masochism really a correct one? Can one still speak of passivity when one has to report, like Ferenczi (1925; 280), that 'each masochist finds pleasure only in a special degree of . . . bodily suffering to which the partner in each case is specially enjoined to conform.' The too close connection of masochism and passivity, passivity and femininity has always puzzled me. Passivity appears quite often as an expression of strength and/or narcissistic tendencies, provided it is coupled with experiences normally considered as pleasant.

But if the masochist *wants* to be beaten, he is already active in that respect, i.e. in giving an

[1] Read before the British Psycho-Analytical Society, January 3, 1945.

order. This activity, often very strong, has been demonstrated by many authors in their case histories ; Eidelberg (1934) has shown it especially clearly. He called this active attitude the ' masochistic mechanism ', by means of which the patient is able to render outer frustrations innocuous.

Freud (1920 ; 14) has shown us in great detail how the change from passive to active works in the service of the pleasure principle. Eidelberg's ' masochistic mechanism ' is of a character similar to that of the child's repetitive play as described by Freud.

Eidelberg (1934 ; 346) has also pointed out—what I have found corroborated by every masochistic case history—that the patient only enjoys self-produced suffering, but avoids other kinds, or experiences them as unpleasant. Ferenczi too emphasized the advantages of seeking the pain oneself, thus saving the subject's pride and sparing him surprise and tension. Constant awareness on the part of the love-object, whether in reality or in the masochistic phantasy, of the greatness of the pain inflicted, is a necessary condition. It is possibly for this reason that the erotic masochist reacts with strong displeasure to mortification and injuries which are done impersonally.

This feature of the patients' behaviour appears at first very contradictory, but is, I think, due to their specific form of object-relationship. I shall return to this point later.

Let us consider for a moment how education views the problem of pain and the child's attitude with regard to it. Education demands that the child should learn to bear increasing tension. This demand is in a way synonymous with growing-up. But can we say that the masochist—the bearer of pain *par excellence*—has reached the stage of adulthood ? Is he not actually playing ' as if ' he had reached this level ? Till lately I had the impression that the ego-ideal of the masochist would be the down-and-out, the under-dog. But analytical material recently gathered convinces me that it is rather a *toughness*-ideal, an exquisitely narcissistic picture which I should like to call the ' Invulnerable '.

A very clear description of this attitude has been given by Elliot Paul in his novel *A Narrow Street*. He speaks of a puppet show and the children's pleasure in it, and says : ' The puppets behaved as the kids longed to do, being tough, uninhibited, *unbreakable*, and subject only to their own perverse laws.' This ' unbreakable ' plays a greater rôle in masochism than has, I believe, hitherto been realized. Invulnerability, the bearing of the most fantastic trials, belongs to the characteristics of the hero in a great number of fairy stories and sagas. The more active rôle usually played by the hero does not in my opinion alter this special feature, which I believe to be essential in masochism. In any case, the romantic hero, the troubadour, etc., present exactly the glorification of the masochistic attitude.

Though by their very nature free from reality-testing, the great masochistic phantasies contain cruelties such as we meet in reality only in two different spheres : initiation rites and martyrdom for religious or political creeds. The common idea connecting these two spheres is the value of and the wish to belong to a special group. In both spheres the ability to bear suffering has served to strengthen narcissism. The ecstasy of the martyrs has its source in their identification with the God suffering makes them god-like or the equal of god. The fact of their sanctification is in accordance with this and justifies their attempt posthumously. But the God himself, e.g. Jesus, is never described as having been ecstatic about his sufferings ; on the contrary he calls it ' agony ' and prays : ' let this cup pass '.

Initiation rites also work on the principle of bearing tension and pain ; their endurance makes the adolescent into a grown-up person. How is it that we hear nothing of masochistic enjoyment in connection with these rites ? May it be that the actual achievement reached through the initiation does away with further experiences for their own sake ?

' Trying it out '—just to see what they can stand—is quite a usual occurrence in children. I think it finds its way also into phantasies of the type of ' a child is being beaten ' described by Freud (1919). It is quite natural for children to weigh mentally how they would react in a given situation. A patient of mine has always—apart from his varying reactions to the varying situations—one idea at the back of his mind when anyone threatens him half-jestingly : ' Could this person really do it ? ' This wondering question at the same time contains the very important one : ' How should I take it ? should I be able to stick it ? ' The latter question is connected with the patient's repressed doubts about his real toughness and strength. The aspect of endurance, of not-showing-any-reaction-to-pain, the appearance of not minding, are components of adolescent or childhood rivalry easily observable in most children. The English laudatory expression ' to take one's punishment ' shows how widespread this rivalry is. But from where does the child get this lasting impression ? Psycho-analytical literature is full of proofs that the child sees the grown-up as a sadistic danger, cruel and hard. I find, however, that there is ample material to show the opposite, namely that the grown-up exhibits definitely masochistic trends to the child. The happy smile of the mother when her baby's little hand taps her face is a happening that can often enough be observed. We as grown-ups know that no special tolerance is needed to bear this blow, that by our standard it would be a stroking rather than a striking. The child, however, as we learn from psycho-analytical

observation, means the blow aggressively, not tenderly, and may expect as a result destruction and possibly revenge. I hardly think we could describe as masochistic all the fathers who ask their sons to hit them more and harder. Mostly they do not experience the blow as pain and they can smilingly ask for more. This seems to me part of the adult version which the masochist acts out: to be grown up is to find nothing painful, and to be grown up is—according to Freud—the most influential desire of childhood.

Thus the masochistic patient, under repetition-compulsion, works through the trauma of being a child, proving, or rather trying to prove, to his environment, to his ego and to his super-ego that he is courageous and can stick anything. It appears as if the masochist is trying to make good a failure, when pain was badly tolerated and the child was ridiculed for being so 'babyish'. Another patient of mine is conscious of wishing for air-raids in order to convince herself that she would not be afraid; she is never content with normally calm behaviour but demands that she shall not feel any, even slight, misgivings. This same patient has within the last few years put herself repeatedly into similarly painful situations with people with the definite view of 'behaving better', of trying to make good bad impressions, of bearing the strain of some relationship more easily than the last time. Ferenczi (1925; 280) says, though he comes to different conclusions, that the practices or phantasies of the masochistic perversion also serve 'practical ends' in a way similar to his experiments with active therapy, which aims at strengthening tolerance beyond the anxiety-level. Reik (1925; 89) shows a different and, in my view, erroneous approach when he says that 'the psychic energy which shows itself in the need for punishment and in the capacity for suffering would, in some cases, used in active behaviour, be enough to secure great social successes.' The error in this statement is the myth of the masochist's capacity for suffering. As I see it, capacity for suffering means tolerance under the reality principle, ability to bear tension. Masochistic phantasies, however, cannot be taken as a proof that the individual is able to bear tension, but that he wants to be able to bear it. This wish alone, underlying the masochistic day-dreams, can be taken as evidence of the individual's inferior threshold of tolerance. It is partly in avoidance of this realization that the masochist acts over to himself the scenes of martyrdom. The myth of the masochist's capacity for suffering has been attacked before by Wilhelm Reich (1933; 262 ff.).

Jeanne Lampl-de Groot (1937; 487) writes: 'A renunciation of this masochistic attitude would not only mean confronting this painful narcissistic mortification, but would also mean learning to tolerate this pain and the helplessness in regard to it.' The masochist simplifies this task neurotically and—with the help of his object—acts out the bearing of pain and the helplessness. It is a familiar experience that sexual excitation over-rides pain, even pain of a kind which is difficult to sexualize, like a tooth-ache, for instance. How is it that the masochist appears to seek the pain? It seems plausible to suppose that he finds it over-difficult to bear pain at all, unless it is in this libidinized form. This component in masochism, which brings about a very great narcissistic gain for the patient, seems to me to be to a large extent responsible for the difficulties met in attempting a cure of masochistic patients. Nearly all our patients cling anxiously to their neurotic balance, but the masochist does so even more than others.'

Jeanne Lampl-de Groot (*ibid.*) has also pointed to the difference between the relatively easily dissoluble masochistic phantasies originating from the Œdipus complex and those which operate in the service of avoidance of narcissistic pain. She speaks of the latter as defying analytical influence. I do not think this is so; but I want to show that 'avoidance of narcissistic mortification' is too negative a description and that there is an attempt at *increasing* the narcissistic libido.

Instead of considering masochism only as a flight from narcissistic wounds, I regard it as a search for heightened narcissistic cathexis. Freud's (1920; 34) description of the anticathexis when there is danger of a break-through of the protective barrier against stimuli appears to me the prototype of an increased cathexis of this kind.

My line of thought has several times led me to doubt the recognized version of masochism. If it is agreed that masochism can hardly be described as passive, the next logical step would seem to be to look into its supposedly close connection with sadism. Starting from the masochistic 'I want to be beaten', it may be asked where that wish comes from, if not from sadistic desires. What other desire may also have been expressed and changed into this neurotic opposite?

In 'Instincts and their Vicissitudes' Freud (1915; 69) describes how reversal into the opposite has two ways of working: (1) by a change from activity to passivity and (2) by a reversal of the content. Taking into account my general doubts about the active-passive problem, it seemed to me worth while to try a reversal in content in the case of the sentence 'I want to be beaten'. The results of this approach have been most helpful.

The first and most commonsense transmutation is given by the negative auxiliary: 'I do not want to be beaten'. This sounds quite a healthy and understandable reaction to any threat. The threatened situation would contain elements of fear or even anxiety. The change of libido into anxiety is well known, but in masochism the fear and/or anxiety connected with it appear to be libidinized themselves. The sentence 'I do not want to be beaten' seems a reasonable answer to

a danger which on one side is an objective one and presents on the other side a grave 'disturbance in the cathexis of narcissistic libido.' This combination of dangers has been described already by M. N. Searl (1929).

Is it possible that the change from 'I do not want to be beaten' to 'I want to be beaten' is due to a change of anxiety into libido? To suppose this is not new to us; on the contrary, as early as in his *Three Contributions* Freud (1905; 78) described how 'any fairly intense affective process, even a terrifying excitement, may pass over into sexuality.' He mentions, for instance, the fear of examinations, and refers especially to the sexually stimulating effect of some unpleasurable affects, such as being anxious, etc.

But how is it possible to change anxiety into libido? I do not know the answer to this problem, though the problem itself has been considered before. Laforgue (1930; 313) tackles the question, though not with the syndrome of masochism in mind, but solely with regard to anxiety-neurosis. He pointed out that 'in quite a large number of cases of anxiety-neurosis an individual's anxiety is eroticized in such a way that it can represent the only possible compromise, being used as a substitute for normal orgasm, in comparison with which it is indeed regarded as the loftiest ideal that can be attained.' A few lines earlier Laforgue contrasts two syndromes: causing anxiety = being active = being masculine; being anxious = being passive = being feminine. Several of my patients emphasized in their sadistic phantasies that to cause anxiety is more important to them than to cause pain. To make someone else afraid is a great sign of power. To make others anxious is—seen from the child's point of view—one of the characteristics of grown-up people; but—and I should like to stress this point especially—not to be anxious or to tolerate anxiety is also an essential sign of maturity, one upon which the child's view is shared by the grown-up.

This line of thought leads me back to the recognized finding that masochism—like all perversions—is a defence against castration-anxiety. I should say that it is the denial of anxiety altogether. The fact that in masochism anxiety is latent and does not become conscious, or does not become conscious as painful, is an immense gain for the patient. The change from passively suffering to actively wanting—in accordance with the repetition-compulsion—plays an important part with regard to the anxiety-producing situation; the whole situation is 'deliberately' invented or produced. But I do not think that the repetition-compulsion working in masochism can be taken as a proof of the operation of the death-instinct; I quite agree here with Reich (1933; 269) that masochism still operates—as far as is observable—under the domination of the pleasure principle. And I may here quote Ferenczi (1931; 243), who says in connection with the trauma and repetition-compulsion: 'The existence of this tendency (to repetition) must also be postulated where it is a failure, that is, where the repetition does not lead to any better result than the original trauma.'

I will return now to a further possibility of reversal of the masochistic principal theme: 'I want to be beaten'. The next possibility of change would be of the verb itself, and the sentence would then run: 'I want to be loved'. This demand for love to be given—without there necessarily being any response to it—has been brought into the foreground in papers by M. Bálint (1937) and A. Bálint (1936 and 1939). Their contention was that this form of object-relationship (they called it passive object-love) is the earliest phase in the whole development of object-relationship. In its heightened pathological form, this demand for love was already used by Freud in his earliest paper to explain the structure of hysteria. Abraham (1907; 54) also discussed this question in a paper a literal translation of whose title shows its connection with my subject—'The Suffering of Sexual Traumas as a Form of Infantile Sexual Activity'. According to him, 'if there is an underlying unconscious wish for it, the experiencing of a sexual trauma in childhood is a masochistic expression of the sexual impulse.' And he continues: 'We can say that children belonging to this category show an abnormal desire for obtaining sexual pleasure and in consequence of this undergo sexual traumas.'

It appears to me that any work on masochism is bound to stumble over the question of passivity; Abraham speaks, e.g., of an unconscious desire leading to 'suffering' sexual traumas. For him masochism and passivity are the same, though the active wishes are there, even if unconsciously. Into which category should we put the adolescent boy who forces a younger one to masturbate him? Doubtless he behaves as a bully, a sadist, but in order to obtain passive enjoyment. I feel that we, who are quite prepared to view conventional grammatical rules with suspicion, are blindly following a grammatical differentiation. All desires for passive experience can be expressed in an active form; but they then put the subject still more clearly into the centre of the relationship, while the love-object becomes a shadowy something on the fringe of experience. The masochistic attitude can, instead of being put in the passive form, be expressed as 'I want to feel', as compared to the acting attitude: 'I want to do'. This attitude of 'I want to feel' is hidden under the passive form of 'I want to be done to'. It gives an immense neurotic advantage to the subject because it saves him the trouble of considering the partner at all. Like a pasha who wants coolness and is fanned, the masochist forces the environment to minister to his desires; the environment has, from the masochist's point of view, altogether

very little feeling—that is, it cannot be hurt. On the one hand this may cover up the sadistic impulses of the masochist, but it definitely serves on the other hand to keep up an extreme degree of egocentricity. 'I want to feel' expresses a craving for emotions, no matter of what kind—very likely to counteract anxiety about death and/or paralysis. Ferenczi (1931 ; 244) pointed out that an overpowering trauma acts like an anæsthetic. The masochist's craving for strong feelings appears to me as an attempt to reassure himself that his feelings are not dead. In a moderate form we meet this attitude quite often in every-day life : people speak of pinching themselves to assure themselves that an experience is real.

Let us for a moment put on one side all our knowledge about masochism and consider the following description. What is suggested by the words : 'Bearing pain in order to attain a pleasurable aim' ? Is not this a description of the reality principle ? Any neurotic attitude, so far as I can understand, aims at the avoidance of the reality principle. But it appears to me that the masochist more than other neurotics aims at the wholesale eroticizing of the reality principle. The masochist pretends to have reached the stage at which the pleasure principle is superseded by the reality principle. Masochistic phantasies contain manifold tasks the non-fulfilment of which is punished. But—and this appears to me a crucial point—after punishment no change in behaviour is expected, which is in absolute opposition to reality experience. The phase which the masochist pretends to have attained has been described by Ferenczi (1922 ; 379). He says that 'recognition of the surrounding world, i.e. affirmation of the existence of something unpleasant, is . . . only possible after defence against objects which cause pain and denial of them are given up, and their stimuli, incorporated into the ego, transformed into inner impulses.' The masochist has not reached this phase, but he plays at having reached it. He projects his super-ego into the outer world and lives in a protracted, continual masturbation-phantasy.

This attitude towards the super-ego links up with Reik's (1925) concept of 'need for punishment' and his idea that the need for punishment expresses a form of striving for love : 'Punish me, but love me again.' It seems to me, however, to be of some importance that the pain means payment and that the whole attitude does not imply changing the punishable behaviour. The fact that the punishment itself becomes a sign of love seems to me to be connected with a very early situation. As Freud (1933 ; 115) has pointed out : 'if the mother is absent or has withdrawn her love from the child, it . . . may be exposed to the most painful feelings of tension.' The masochist phantasies or acts out that his mother is present, so that the painful feelings become playful. Thus and thus only can the punishment be a sign of love, because of its being contact and presence. Real—not acted—indifference is not pleasurable for the masochist, possibly not even bearable for him. Freud (1925 ; 369) says that 'the first and immediate aim of the process of testing reality is not to discover an object in real perception corresponding to what is imagined, but to *re-discover* such an object, to convince oneself that it is still there.' This presence of the object—at all costs—is acted out by the masochist. But he or she wants this presence without the necessity for giving emotion in return. There is thus no other way of fulfilling this condition than by what may be called an unpleasant relationship. Being loved would include a demand for loving in return, for actions and feelings which the masochist does not want to give or cannot give.

The 'presence at all costs' may have its earliest precursor in the weaning period : the mother is present but seen as harsh and cruel. But the situation contains definitely pleasurable and comforting feelings also : presence, warmth, tender handling, some form of stilling the craving hunger, but all this in connection with strong frustrating elements. We can observe other precursors of the masochistic situation every day, e.g. the case of the child who runs off the kerb and is caught by his anxious mother and severely smacked. The mother's anxiety is transferred to the child ; the reunion is pleasurable and at the same time painful. It will depend on the degree of anxiety evoked in the child whether he will feel 'I love you for saving me' or whether he will react with 'I hate you for beating me'.

I will now return to the question which I raised at the beginning of this paper. I asked whether the object in the masochistic relationship is used to induce an increase of narcissistic libido, and I hope I have shown that there is in fact a strong tendency towards increase of narcissistic libido and that it is this which makes the treatment of the masochistic patient so difficult.

My conclusions may be summarized as follows :

(1) The characteristics of masochism are in my opinion only partly accounted for by its relation to sadism.

(2) Masochism can be explained without having recourse to the death-instinct.

(3) The concept of passivity appears to me to be a somewhat vague and misleading one.

(4) Owing to a special inability to tolerate pain or frustration, the masochist pretends to a great capacity for suffering and libidinizes the reality principle.

(5) The masochist craves for strong feelings, possibly as a reassurance against fear of death.

(6) Apart from neurotic gains in the super-ego relationship, the masochistic object-relationship allows the subject to receive attention without

giving it, to feel strongly and to have exciting experiences without needing to consider the partner's feelings.

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DÉJÀ VU IN PROUST AND TOLSTOY

By R. W. PICKFORD, GLASGOW

(1) INTRODUCTION

Experiences of *déjà vu*, as the writer has already argued (1) (2) (3), following MacCurdy's theory based on psycho-analytical principles (4) (5), appear to be due to infantile or very early memories or impulses of special emotional importance, which have broken through the surface of consciousness and caused what may be described figuratively as ripples there, like the ripples caused by a bubble rising through the surface of a still pond.

Special circumstances on the objective side have given these memories the opportunity to break through, and such circumstances may be viewed as 'stimuli', or as the objective situation, which has the power, through similarity to events of the past or through other forms of the well-known laws of mental association, to excite certain memories normally inaccessible to conscious attention. The memories, when excited, are of a disturbing kind, and must be dealt with by the familiar conscious mechanisms, chiefly rationalization, which render innocuous any repressed emotions, impulses or thoughts of infancy which happen to be able to break into consciousness and which might be dangerous to the normal adult mental balance. As fast as they are rationalized, the memories or impulses are woven into the ordinary web and woof of conscious life and are able to pass as it were unnoticed. MacCurdy has pointed out that it is a peculiarity of *déjà vu*, among the many forms taken in rational consciousness by revived unconscious memories, that it involves a strange feeling of perplexity, a remainder, as it were, left over by the rationalization, which the ego must deal with as well as it can. He allies *déjà vu* with the perplexity states familiar to psychiatrists, and there is no doubt that *déjà vu* can occur as an incidental symptom in a variety of psychotic conditions, though it is not in itself necessarily a miniature psychotic symptom. As the writer has tried to show (3), far from being a disorder, a miniature form of psychotic perplexity, *déjà vu* may be a specialized reaction fully adapted to certain determining conditions, the only possible reaction compatible with the preservation of mental balance under the circumstances.

Déjà vu often figures as an incident in autobiographies or as the subject matter of literary works, such as Rossetti's poem 'Sudden Light', and Dr. O. L. Zangwill has very kindly drawn the writer's attention to two examples in partially autobiographical works, one in Tolstoy's *Childhood, Boyhood and Youth* (6) the other in Proust's *À la recherche du temps perdu* (7). It will be interesting to study these two works in order to understand as far as possible within the limits of a short article the *déjà vu* experiences which these authors describe.

(2) TOLSTOY'S *SHE*

In Chapter XXV of the section entitled 'Youth' of Tolstoy's semi-autobiographical work, *Childhood, Boyhood and Youth* (6), a clear example of the experience of *déjà vu* is described. The chapter is entitled 'I Get Acquainted', and it describes a

meeting with Varya, the sister of his own and his brother's friend Dmitri Nekhlyudov. The experience, in the words of the translator of the Centenary Edition of Tolstoy's works, is as follows :

' " It is a pity that I am already in love ", I thought, " and that Varya is not Sonya. How good it would be suddenly to become a member of this family : I should at once have a mother, an aunt and a wife ! " While I was thinking this, I gazed intently at Varya and imagined that I was hypnotizing her and that she would have to look up at me. She raised her head from her book, looked at me, and having met my eyes turned away.

' " But it's still raining ", she said.

' And suddenly I experienced a strange feeling : I seemed to remember that all that was now happening to me was a repetition of what had happened before—that fine rain had then been falling in the same way, and the sun had been setting behind the birch trees, and I had looked at *her*, and she had been reading, and I had hypnotized her and she had looked round, and even that I had then remembered that this had happened before.

' " Can this be *she ?* " I thought. " Is it really beginning ? " But I soon decided that she was not *she*, and that it was not yet beginning. " In the first place she is not good looking ", I thought, " and she is just a young lady whose acquaintance I have made in the most ordinary manner, but *she* will be extraordinary, and I shall meet her in some extraordinary place ; and then, I only like this family so much because I have not seen anything yet ", I reflected, " and there must no doubt be such people everywhere, of whom I shall meet very many in my life." '

In the first broad analysis we may say that this experience of *déjà vu* arises when he is alone with a woman of recent acquaintance, Varya, whom he is aware of wishing to be Sonya, a girl with whom both he and his brother have thought themselves in love, and it occurs to him that if he could love and marry Varya he would gain mother, aunt and wife together, presumably as members of the Nekhlyudov family, but possibly, by condensation, in the person of Varya herself. He feels that he is hypnotizing her and she turns her head and mentions an apparently irrelevant point, that it is still raining. The apparently irrelevant, however, is in fact the most appropriate, and is a stimulus which awakens in him an impression that the whole scene has occurred to him before, in every detail, and that this memory was itself only a revival of a similar and earlier scene. The *déjà vu* ends with the characteristic perplexity : ' Can this be *she ?* ' And there is a sequence of rationalizations which result in the conclusion that Varya is quite ordinary and is not the all-important *she*. These rationalizations smooth the ripples of perplexity which disturbed the surface of conscious life.

As the experience stands, with this short analysis, almost nothing is explained. We can see the framework, an emotionally exciting revival of some experience of the distant past in his life, brought out by associative links of similarity, or better, perhaps, by the redintegration of the whole experience, to use Hamilton's famous expression. What we cannot see is the detail wholly peculiar to this individual, Tolstoy, which fills in the framework and which would, were it clear, make the *déjà vu* understandable from the point of view of an adequate psychological analysis. In order to grasp this detail it will be necessary to take up various threads running through the whole book and follow them out towards an explanation.

On returning to the opening chapter of the book in order to find threads of meaning related to Tolstoy's mention of gaining a mother if he were to love Varya, something very interesting is discovered at once. ' Childhood ' (the first section of the book) opens with a semi-playful conflict between him and Karl Ivanych Mauer, his tutor, who wakes him one morning unknowingly by killing flies in the bedroom, and then, to get him up, while he pretends that he has not been wakened, tickles his heels, which he dreads, and, when he weeps with vexation and laughs at the same time, the boy must invent a reason for the tears. He invents a dream that his mother had died and was being carried to her funeral.

This is a remarkably interesting opening, especially because the *déjà vu* followed immediately on his thought of regaining a mother. In many respects to invent a dream and to have a dream are not far removed. He would not be likely to invent a dream unless its content were prompted by unconscious fears or impulses. To dream of a person's death might be to wish for or to fear her death, or to do both at the same time : we could say that often the wish is father to the fear. If the wish is intolerable to the conscious ego, then the ego may be filled with conscious fear that the unconscious wish should be fulfilled, and hence with fear of what is unconsciously wished. The next chapter, in which he expresses vividly the depth of his love for his mother and the profundity of his idealization of her, shows us the other side of the picture. ' When mamma smiled, beautiful as her face was, it grew incomparably more lovely, and everything around seemed brighter. If in life's sad moments I could but have had a glimpse of that smile I should not have known what sorrow is.' Thus, if in the first chapter he unconsciously wishes her dead, in the second he becomes conscious of the intensity of his dependence upon her. In this ambivalence, which runs throughout the book, lies an important psychological clue to the understanding of his personality. When it is also known that the real Tolstoy lost

his mother at two years of age, it can be realized that such a death may have figured to the infant as if it were an almost overwhelming wish-fulfilment, and left him with vividly conscious fears to dream about and to relate in his semi-autobiography, while the corresponding conscious experience of loss might easily have led to many childish and youthful phantasies based on this frustrated mother-dependence.

Indeed, perhaps Tolstoy himself could hardly have realized the importance of the first chapter. In it the tutor, who inevitably stands for the demands of life and work, rudely wakes him by killing flies ; he tries to think he is still asleep, but cannot escape being wakened, weeps with vexation, and, in order to face the realities of life, must think that his mother is dead. In other words, in order to begin the steps from childhood to boyhood and from boyhood to youth he must be freed from his mother and think of her as dead. Since we know that Tolstoy's real mother died when he was aged two, and the second chapter vividly depicts his dependence on her in the phantasy of the story, in which he imagines her still alive, it is easy to predict that the growing-up which the book tells about will be a series of struggles with the phantasies of mother-dependence produced by this early loss.

Immediately after the first chapters which disclose his attitude to his mother, their father decides to take Nicholas, Tolstoy's imaginary narrator, and his elder brother to Moscow to complete their education. His father therefore appears on the scenes of this narrative as the agent of the separation from his mother. In being introduced to this father-figure we are made to realize that he is an indulgent master, feared perhaps, but immensely admired. It will be explained later that he is not a true picture of Tolstoy's own father, but an imaginary personage. The book was published in the 1850's, and Tolstoy could have had no knowledge of the Freudian psychology of 1900, since it did not exist, but no straining of the narrative is required to interpret his attitude to the parent-figures in psycho-analytic terms. More will be said of this father-figure later, but at this stage it is sufficient that he takes the boy away from his mother to Moscow for his education, and this is the beginning of the development towards adulthood which is recounted in the book. It is of especial interest that Tolstoy should have made the section of the book called ' Childhood ' begin with Nicholas's separation from his mother and end with her death. Father and sons are called back urgently from Moscow, but are only in time to find her dying ; she dies almost at once, and thus ends ' Childhood '.

Thus it may be said that the invented dream of his mother's death leads to striving for separation from her in the trip to Moscow, which ends, in the half phantastic autobiography, with the complete separation brought about by her death, and this in turn brings the change from ' Childhood ' to ' Boyhood '. The unconscious need expressed in the dream phantasy of her death was the need to be freed from infantile dependence on her, to go with the father and to grow up to the next stages of boyhood and youth.

It is interesting that in Chapter IX of ' Childhood ', entitled ' Something Akin to First Love ', Nicholas is surprised by a sudden attraction to Katya, the daughter of his sister's governess, and he impulsively kisses her shoulder while they examine an enormous caterpillar in company with his sister, Lyuba. A detailed analysis of this incident is perhaps not essential to the theme of this article, but it is not difficult to see why, in a boy's phantasy-autobiography, his sister should be made to raise her hands in horror on finding an enormous caterpillar, out of which she fears something will spurt, while he, also looking at the caterpillar, should feel an impulsive physical attraction to Katya, a sister-substitute and daughter of a mother-surrogate whom both he and his brother hated. Katya and Lyuba find the penis together, but Nicholas is attracted to Katya as a substitute for Lyuba. Katya is the daughter of a prohibitive mother-surrogate, the governess, and, living with the family, she is also too near emotionally for him to fall freely in love with her. She figures in this capacity throughout the book, and it is interesting that he never gets beyond the stage of wondering why his brother cannot fall in love with so suitable a person. It is relevant that the chapter ends with the boy clumsily falling off his horse while caracolling with his brother near the carriage in which Katya is riding. He also makes a fool of himself in a masochistic and passively homosexual scene at the hunt from which they were then returning, and is viewed contemptuously by the chief huntsman, Turka. These incidents of striving followed by failure, usually with himself exhibited as incompetent and greatly chagrined before a group, are repeated over and over again in the book, and even seem to make up its principal content—it is an elaborate exhibition of his incapacity to detach himself from dependence upon his mother, coupled, of course, with sexual feelings, and to attach himself independently of this infantile emotional tie. In making the exhibition he is winning the reader's sympathy, excusing himself and submitting masochistically to a paternal authority, and these are the unconscious aims of writing the book.

In the second section, called ' Boyhood ', his grandmother, in Moscow, tends to replace his mother who is now dead ; she becomes the woman at the head of the household, and, strangely enough, it is with her death that ' Boyhood ' ends, just as ' Childhood ' ended with his mother's death. Just as his father was the agent of his separation from his mother, so his new and sterner tutor, St.

Jérome, gives the news of his grandmother's death to himself, his sister and Katya when they return from a drive in the sledge and find the coffin standing at the door. They have been in a particularly merry mood in the sledge and were unable to restrain fits of frivolous laughter. Thus the discovery is all the greater shock and he experiences a depressing feeling of the fear of death while the body remains in the house. The frivolity while in company with his sister and with her substitute, Katya, towards whom he feels sexually active, accentuates his own sense of worthlessness and his incapacity to meet the necessary realities of life, namely, in this incident the death of his grandmother, in an objective and responsible manner. As a result he suffers guilt and a fear, which is a wish,[1] that he should die. In these aspects of 'Boyhood' we see a compulsive repetition of what was done in a similar way in 'Childhood': his attempt to resolve the complex relations with his mother in childhood is repeated with equally little success in relation to his grandmother in boyhood.

The section 'Boyhood' has what might be called an epilogue, in which there is the formation of a deep friendship with Dmitri Nekhlyudov, a friend of his brother's and in that sense a brother —and also a father-substitute. This friendship opens the way to the third section of the book, called 'Youth'. 'I have said that my friendship with Dmitri opened up to me a new view of life, its aim and its relations.' There can be no doubt, that this friendship was based on homosexual impulses, though in all probability unconscious. He says of it that there are said to be 'two sides to every attachment: one loves, the other allows himself to be loved: one kisses, the other gives his cheek to be kissed. This is perfectly true; and in our friendship it was I who kissed and Dmitri who presented his cheek; but he too was ready to kiss me.' This must not be taken, however, to imply literally an open homosexual friendship, but, like many attachments of its kind, it was very idealistic in character, and the idealistic phantasies to which it gave rise were in some way closely related to the *déjà vu* experience. It will be seen that they consisted largely in dreaming about success and beauty and self-importance instead of making actual achievement. The homosexual attachment was also a form of narcissism, an ineffective attempt to resolve the conflicts of mother-dependence.

Just before the *déjà vu* experience Nicholas thought that if he could be in love with Varya and marry her, he would gain a new mother and aunt as well as a wife, but he does not say that in her family he would find a new father. His attitude to his father as depicted in the book is one of admiration mingled with a certain fear. The book is not a true autobiography. In it Tolstoy calls himself Nicholas Irtenyev, and he is said to have been indignant when the section called 'Childhood' was published as 'My Childhood'. Tolstoy's father, who died when Tolstoy was nine, was wholly different from the father of Nicholas, who is depicted in the book as gambling and self-indulgent, a man whose character was 'a compound of chivalry, enterprise, self-confidence, amiability and licentiousness', and whose two chief passions 'were cards and women'. Tolstoy's own mother died when he was aged two years, whereas Nicholas remembers his mother clearly and describes her death after he returned from Moscow for the first time.

In avoiding the rigours of a true autobiography, however, the book does not necessarily lose in psychological interest; it may even gain. It acquires the value of phantasy material. Though the real Tolstoy lost his mother almost before he could remember her, Nicholas describes his mother clearly, and by the details he gives and the part he allows her to play, expresses plainly the psychological importance of the phantasy material arising partly from his loss of her at such an early age. Similarly, in portraying his father as an indulgent gambler, for whom sympathy, fear and admiration are combined, he is able to express his ambivalence more clearly than he would in a true account, which was suitable for public acknowledgement and would, in consequence, be rationalized and adjusted to fit conventional standards and morals. In a true account he would not have been able to tell us that he most frequently thought of his father as an admirable reprobate.

In the section called 'Boyhood' the conflict expressed in the ambivalent phantasies about his father reach their climax. The first and rather indulgent tutor, Karl Ivanich Mauer, whom his grandfather calls the 'usher', was dismissed and replaced by a strict disciplinarian, a Frenchman called St. Jérome. One day Nicholas's father sends him to fetch some sweets he had bought for Lyuba. He is to go and find the keys in a private place, to unlock a drawer and to bring the sweets which are in it. Unfortunately he is tempted to use another key attached to the bunch to open a private portfolio, in which he reads details of his father's life which he cannot grasp because they conflict so sharply with his idealized conscious picture of his father's perfection. The key breaks off in the lock, and so his misdeed is discovered. This gives St. Jérome the opportunity to punish him both for that fault and for his other shortcomings as a pupil, by threatening him with rods and locking him into a lumber room. From this prison he is released after a distressing period, but he comes out to a reconciliation with his father and not with St. Jérome. 'Papa took me in his arms and carried me to my bedroom. I fell asleep.'

This interesting incident may be explained shortly. As the messenger of his father and in that way identified with him, Nicholas goes to find the sweets with which to make love to his sister

whom he put in place of his mother. He is tempted to look more deeply into his father's affairs, and finds to his horror the parent's real way of making love, which he can scarcely believe. He is overcome with guilt and in punishment for his discovery is castrated and loses the broken penis in the vulva. The ambivalent attitude to his father is now divided, fear and hate going towards St. Jérome and love being retained by the idealized father. Thus the passive homosexual attitude to his father is emphasized.

Nicholas is never reconciled to St. Jérome, but hates him intensely, and by the division of the ambivalence some relief may be obtained. On the whole, however, it is simply the relief of being able to continue to love the phantasy picture of his father, and the hatred for St. Jérome seems unfortunately to attach itself to his university teachers, so that, in the next section of the book, ' Youth ', Nicholas proves a complete failure as a student. The whole book ends with abject failure at the examinations ; in other words, he is still metaphorically castrated, as the examinations show, and this is the last of the many stories of self-humiliation in the book. However, perhaps the most remarkable point is that he is not deterred by any degree of failure, but still looks forward to ' the following and happier part of my youth '. The intended continuation of the book into this period of his youth, however, Tolstoy never published.

If we turn back to reconsider the *déjà vu* experience again, we find that it must be compared with a number of parallel experiences in the section ' Youth ', all of which are closely related to it, but none of which is strictly *déjà vu*. The incident most closely like a *déjà vu* experience is in Chapter IX of ' Youth ', where he describes how he prepared for the examinations. In spite of his note book, ' Rules of Life ', drawn up for self-discipline, his mind wanders, he becomes agitated and cannot work. Well aware of the need to work hard at a subject of which he still had two whole questions to prepare, he says that ' suddenly some spring odour would come in through the window, and it would seem as if it were urgently necessary for me to recall something '. Another time he would somehow manage to concentrate attention on a book, when he would hear the rustle of a woman's dress, which he knew well to be that of his grandmother's old lady's-maid. ' " But suppose it is *she ?* " would enter my head—" suppose it is now going to begin, and I should miss it ? " ' ' The spring had been pressed and again a terrible jumble would fill my head.'

On another occasion Nicholas helps Nicholay, one of the servants, to remove the outer window-frames ready for the coming of spring, though he ought to be doing algebra. He sits down on the sill and leans into the garden, and an extremely powerful and pleasant feeling, quite new to him, suddenly penetrates his soul. He describes this feeling vividly. How happy and good he might have been. He must become immediately a different being and begin again to live differently. Nevertheless he continues to sit a long time dreaming and not doing algebra. This occurs in ' Youth ', Chapter II, entitled ' Spring '.

In the next chapter, entitled ' Fancies ', he day-dreams of his coming successes in scholarship, of how he will become the ' most learned man in Europe ', of how he will learn the flute, and of how *she* will one day come up to him and ask him who he is ; of how they will become friends and he will kiss her. This thought, however, excites immediate resistance as a result of moral scruples. ' No, that's not right. On the contrary, from to-day on I will not even look at a woman. I will never, never go to the maid's room, and will not even pass that way, but in three years' time I shall be of age and shall certainly marry.'

Lastly, in Chapter XXXII, entitled ' Youth ', he describes how he would search, after the lights were extinguished, ' glancing timidly around on all sides to see whether there was not a white woman anywhere among the garden beds or beside my mattress. I would run full speed to the verandah. Then I would lie down on my bed facing the garden and covering myself as well as I could from the mosquitoes or bats, gaze into the garden, listening to the voices of the night and dreaming of love and happiness.' Then, he explains, everything would acquire a new meaning for him, and, after a vivid description of the old birches, the pond, the glitter of the moonlight, and all the strange sounds of the night, he says : ' now *she* appeared, with her long plait of hair and her full bosom, always sad and lovely, with bare arms and voluptuous embraces. She loved me and for one moment of her love I sacrificed my whole life.' He finds, however, that the moon becomes brighter and the pond clearer, the shadows darker and the light more transparent, and he hears in all this ' something saying that *she* with her bare arms and ardent embraces ' is still far from being the whole of happiness, and love for her far from being the only good ; and the more he gazes at the high full moon the more lofty do real beauty and happiness appear, and ' the higher and purer and nearer to Him, to the source of all beauty and bliss ; and tears of unsatisfied but agitating joy rose to my eyes '. Thus he submits again to the Father.

Now it is possible to draw together all the threads of information and to attempt an interpretation of the *déjà vu*. Tolstoy, who lost his mother at the age of two years, in writing a semi-phantastic autobiography, shows clearly how he has deeply ambivalent attitudes to both mother and father. As far as his father is concerned, this ambivalence is to a certain extent resolved by displacement of the fear and hate to his tutor, St. Jérome, and even further to his university teachers, while his father, an indulgent figure built up largely from phantasy

in the story, retains the love and admiration. As far as his mother is concerned, the ambivalent attitude is more complex. It is not a combination of love and hate so much as a combination of impulses towards dependence, towards sexual love and towards independence, combined with prohibitions due to fear of the father. It is not successfully resolved, and the failure in resolution must be attributed to his excessive dependence on his mother owing to her early death in his real life. The ambivalent attitude is transferred to various substitutes, with but little change. These substitutes are his sister, Lyuba; her governess's daughter, Katya; a Moscow acquaintance with whom his brother also is in love, called Sonya; a maid called Masha with whom his brother flirts and who is an inferior just as Sonya and Katya are superiors. There is also his grandmother.

It is important that the hatred, derived from his ambivalent attitude to his father, becomes attached to his teachers and spoils his career as a student, a career which he undertook partly out of admiration for his brother who was a model student. When he tries to work for these hated masters his mind wanders, or he impulsively finds other things to do which lead him away from his work, or he dreams of success and in so doing idles away valuable time. At these times of father-frustration he tends to regress to mother-dependence. His mind, unable to concentrate on his lectures, is filled with phantasies of his idealized woman companion, the *she* of whom he frequently day-dreams; it is also filled with poetic phantasies, and sometimes with 'a terrible jumble'. The mother-dependence, however, in this adolescent phase, constantly involves him in secondary conflicts owing to the growth of his own masculine impulses. Then he phantasies the *she* who comes to him with ardent embraces, but he recoils, asserting that this is not right and that he will never look at a woman again, or, as the moonlight becomes clearer, he begins to think that his love for her is only a partial fulfilment of life's ideals.

As an alternative to object-love he is able to transfer his homosexual attachment to the idealized father of his phantasies on to his brother's friend, Nekhlyudov, and becomes acquainted with his sister Varya. It is when he is in company with her that the characteristic *déjà vu* occurs. He suddenly thinks that in her he would recover a lost mother and also gain a wife, but only if she is really *she*. Superficial resemblances to previous phantasy situations, as in the birch trees and the rain, are duplicated. These touch 'the spring', as he calls it on another occasion, and he suddenly feels it has all happened before. Through the chain Varya-Sonya-Masha-Katya-Lyuba he reaches Mamma, and for a moment Varya indeed appears to be *she*. Also, through Varya, Dmitri and his brother, there are homosexual links to his father and narcissistic links with himself. As in all normal *déjà vu* experiences this feeling of identity vanishes when the phantasy material is absorbed by waking consciousness and explained away. Varya, after all, cannot be *she*; several sensible objections are raised, and the passing perplexity does not long outlast the work of rationalization. The *déjà vu* therefore could be described as due to a momentary link which allows the conscious ego to bridge the gap produced by regression from hated father-substitutes towards loved father-substitutes and narcissism, and towards an ambivalent, infantile and frustrated mother-dependence. It is upon Varya, sister of the man for whom he has a narcissistic and homosexual friendship, that all the threads of psychological determination converge for a moment, but they are equally quickly dispelled by the frustrations which make him unable to form a true object-relation with her. And thus, instead of falling in love with her and finding that she is really *she*, he simply has an incomprehensible impression that the incident has happened before.

(3) Proust's Trees

Much more analytic than Tolstoy, Proust gives us more introspection and direct psychological information about his experiences. In the second part of his work translated by C. K. Scott Moncrieff as *Remembrance of Things Past* (7), he describes in detail an experience of *déjà vu*. This part of the work is entitled *À l'ombre des jeunes filles en fleurs*, and is freely rendered in English by the translator, *Within a Budding Grove*. This, though a good attempt at translation of the untranslatable, is a little unfortunate, because it hides the *jeunes filles*, who are of paramount importance.

The *déjà vu* experience is recounted on pp. 20–24 of the fourth volume of the English translation of *À la recherche du temps perdu*. It is described in great detail, and is too long for complete quotation in this article. Hence it will be summarized. The narrator, a semi-invalid youth, is on the return journey to Balbec from Carqueville, where he and his grandmother have been taken for a carriage drive by Mme. de Villeparisis. As they come towards the village of Hudimesnil he is overwhelmed by a profound happiness, comparable with what he had sometimes experienced before, though this time it remained incomplete. He had noticed three trees standing a little way back from the steep ridge over which they were passing. The trees 'made a pattern at which I was looking now not for the first time; I could not succeed in reconstructing the place from which they had been, as it were, detached, but I felt that it had been familiar to me once; so that my mind having wavered between some distant year and the present moment, Balbec and its surroundings began to dissolve and I asked myself whether the whole of this drive were not a make-believe,

Balbec a place to which I had never gone save in imagination, Mme. de Villeparisis a character in a story and the three old trees the reality which one recaptures on raising one's eyes from the book which one has been reading and which describes an environment into which one has come to believe that one has been bodily transported.'

The trees seemed to be concealing something which his mind had not grasped. He wished to be alone and away from his grandmother and Mme. de Villeparisis, so that he could have more freedom to reach what was hidden, and he recognized a kind of pleasure to grasp which calls for a certain effort. He could but dimly feel the object of that pleasure, but in attaching himself to the reality of that pleasure alone could he begin to lead a new life. ' I sat there, thinking of nothing, then with my thoughts collected, compressed and strengthened I sprang farther forward in the direction of the trees, or rather in that inverse direction at the end of which I could see them growing within myself. I felt again behind them the same object, known to me and yet vague, which I could not bring nearer.' As the carriage moved on he could see the trees coming nearer, and puzzled about where he could have seen them before. It was not in Combray, nor in a place in Germany to which his grandmother had taken him ; and he wonders whether they came from ' years already so remote ' in his life that the landscape which accompanied them had been entirely obliterated from memory. He considers whether the trees might have appeared in a dream landscape, whether they were but an image from a dream of the previous night, whether, after all, he had never seen them before though they concealed beneath their surface an obscure meaning, so that, ' whereas they were pleading with me that I would master a new idea, I imagined that I had to identify something in my memory.' At last he chose to think of them as phantoms of the past, dear companions of childhood, vanished friends who recalled common memories.

Soon the carriage left the trees behind, and it seemed to be bearing him away from what alone he believed to be true, what would have made him truly happy : ' it was like my real life.' He was never able to find out what the trees had been ' trying to give ' him, nor where else he had seen them, and when Mme. de Villeparisis asked him what he had been dreaming about, he was as wretched as though he had just lost a friend, had died himself, had broken faith with the dead or had denied his God.

This experience of *déjà vu* is typical in that it begins with a sudden feeling of recognition of some relatively isolated object or group of objects, coupled with a distinct feeling-tone, in this case pleasurable. It passes through several phases : realization that the recognition is ' false ', though the feeling of identity persists at the same time ; a form of perplexity which is expressed in the search for the origin of the feeling as a recognition of some past experience ; the stage of rationalization, in which it is explained tentatively and finally accounted for by a preferred theory, that the trees are ' dear companions of childhood ', and when they disappear from view the pleasure turns to a sense of loss and wretchedness.

One remarkable feature of this experience lies in the narrator's great gifts of analysis. He is able to describe the experience with unusual vividness, and also to give four psychological theories to account for it : first that it is a ' false ' recognition of part of an old perception in a new setting ; second that it is a projection of a dream or of an image from a dream ; third that it is not a recognition at all, but a new experience of exceptionally obscure meaning ; and fourth that it is the reappearance of vague ' companions of childhood '. In addition the experience is represented as of exceptionally profound importance, whether or not it is a recognition, true or false. In this sense of profound importance it seems to link him with something which, could he find it, would enable him to begin life again on a new footing, but he fails to find this something, is swept away by the carriage, and becomes wretched. In order to try to understand the *déjà vu* it will be helpful to go back, before the experience is more fully analysed, first to events which immediately preceded the experience, and then to the beginning of the whole book.

The drive to Carqueville was one of many drives for which Mme. de Villeparisis took the invalid and his grandmother. The narrator explains how he was sometimes fascinated on these drives by watching a girl. As the carriage approached her, they met ' one of those creatures—flowers of a fine day but unlike the flowers of the field, for each of them secretes something that is not to be found in another, with the result that we can never really satisfy on one of her fellows the desire which she has brought to birth in us—a farm-girl driving her cow or half-lying along a wagon, a shopkeeper's daughter taking the air, a fashionable young lady erect on the back seat of a landau, facing her parents. Certainly Bloch had been the means of opening a new era and had altered the value of life for me on the day when he had told me that the dreams which I had entertained on my solitary walks along the Méséglise way, when I had hoped that some peasant girl might pass along whom I could take in my arms, were not a mere phantasy which corresponded to nothing outside myself, but that all the girls one met, whether villagers or " young ladies ", were alike ready and willing to give ear to such prayers.'

On one particular drive he sees a girl who interests him in this way, and describes the need to seize upon her mind and force it to become conscious of his person to the exclusion of all

others. Nevertheless he explains that he has never met girls so desirable as on days when he was with some serious person, such as his grandmother, from whom he could not possibly tear himself away. He thinks a letter which had been left for him must have come from the milk girl who came to the hotel with an additional supply of cream, but alas, ' it was only from Bergotte '.

On the special day when they drove to Carqueville, Mme. de Villeparisis took them to see a church covered in ivy. He is left to study the building at leisure, with an arrangement to meet the carriage later at the pastry-cook's shop in the village square. He felt obliged to make a special mental effort to grasp more intensely the idea of ' church ' in looking at this ivy-covered building, as though the idea was obscure and he had to struggle to master it, as in translating a passage from another language. ' I was obliged perpetually to recall so as not to forget, here that the arch in this clump of ivy was that of a pointed window, there that the projection of the leaves was due to the swelling underneath of a capital. Then came a breath of wind, and sent a tremor through the mobile porch, which was overrun by eddies that shot and quivered like a flood of light ; the pointed leaves opened one against another ; and, shuddering, the arboreal front drew after it green pillars, undulant, caressed and fugitive.'

Directly after this vision of the church he came to a group of girls from the village standing about in their Sunday best, rallying the young men who went past. A particular girl who seemed to have some degree of ascendancy over the others was sitting on the parapet of the bridge with her feet hanging down, and was holding in her lap a small vessel of fish which, presumably, she had just been catching. It was not only to her body that he wished to attain, but also to her mind, to attract her attention and to awaken within it an idea. She seemed to be closed to him, and, in order to draw to himself her desire and admiration, so that she would remember him and that their relationship should be of mutual value and not merely of his gaining pleasure by his lips, he pretends that he has lost his way. He gives her a coin, asks her to take a message for him to the waiting carriage outside the pastry-cook's shop, and tells her to be sure to ask specially for the carriage of the Marquise de Villeparisis, which excites in her a sense of his importance. On uttering the words of this message he feels a great sense of calm because ' this assault and capture of her mind, this immaterial possession had taken from her part of her mystery, just as physical possession does.'

On the drive home after these events he feels the profound happiness previously described, as they approached the village of Hudimesnil, and it was then that he saw the three trees and the *déjà vu* experience occurred.

The whole work, *À la recherche du temps perdu*, is in a sense autobiographical. Proust was a chronic invalid, like the narrator of his work, and many of the characters in the book are believed to be drawn at least partially from life, after famous men, such as Anatole France, who might be the Bergotte of the story. It is, however, more or less elaborately disguised in various ways, so that it can only be described as an imaginative autobiography, and it is probably a phantasy picture of Proust's own feelings, thoughts and development, in a picturesque and literary setting. Some parts of the book are exceedingly interesting and are told with a vivid and realistic insight which any psychologist might envy, but much of it is banal and commonplace, and is only redeemed as a work of art by the author's immensely subtle and flexible prose technique.

At the beginning of his book, in the part called ' *Ouverture* ', Proust recounts the memories of childhood which he retained clearly at a later age not exactly specified. These early memories centre round his childhood days at Combray, and in particular concern visits of a family friend, M. Swann, to his parents' house to dinner. The emotional importance of these visits, for the child, was that on these occasions he did not have dinner with the family, and, although he came out to the garden with them after dinner, he was sent to bed at nine o'clock. The worst experience of all was that his mother did not come to his room to kiss him good-night when he was in bed on these evenings, and he had to ' snatch ' her kiss, ' to seize it instantly in public ', before going up to bed. One day, as he explains in detail, he was so much upset by this neglect at his mother's hands, that he waited awake until she came up to bed, and then rushed out into the passage and threw himself upon her. His father was stern and refused him many things which his mother and grandmother allowed, and it was his father who sent him off when there were visitors without his usual kiss in bed from his mother. He was terrified that on this particular night his father would find him in his mother's arms in the passage when he ought to have been asleep. This time, however, his father realized that he was unusually disturbed and, with a kindly impulse, told his mother to have the second bed made up in the boy's room and to sleep there with him if she wished. When she decided to stay with him he wept openly ; she read to him to soothe him, and spent the night in his room. He realized that by his misdemeanour he had gained far more than good conduct would have brought ; that he had won a victory over his parents ; that his father, though granting the concession, had still in reality been as indifferent to his feelings as ever ; that, as soon as the next night came, he would ' again be the victim of anguish ' and his mother would not be by his side.

He relates that, had it not been for a special

event, this picture of being sent unwillingly to sleep without his mother's kiss in bed would have been his sole memory of childhood at Combray. The special event occurred many years later, when his mother, one winter's day, offered him one of the small cakes called '*petites madeleines*'. He took a morsel of this cake, soaked in a spoonful of tea, and then he found that 'an exquisite pleasure' had invaded his senses, 'but individual, detached, with no suggestion of its origin'. In a most interesting psychological analysis, he recounts how he made effort after effort to recapture 'this unremembered state which brought with it no logical proof of its existence, but only the sense that it was happy, that it was a real state in whose presence the other states of consciousness melted and vanished.'

Suddenly the memory returns: 'The taste was that of the little crumb of madeleine which on Sunday mornings at Combray (because on those mornings I did not go out before church time), when I went to say good day to her in her bedroom, my aunt Léonie used to give me, dipping it first in her own cup of real or of lime-flower tea.' After this discovery of the origin of the strange feeling awakened by the taste of the cake his mother had given him, he proceeds to reconstruct the whole of his memories of childhood, and it is this reconstruction which is the book, *Remembrance of Things Past*. The *déjà vu* experience, which is still to be explained, was one of the memories revived in this way.

It will now be possible to bring together the various sources in which the *déjà vu* experience originated. If it is assumed that the book, though not necessarily true in every detail, is genuine phantasy material, then this *déjà vu* experience may be said to have occurred to a youth who, as an invalid, was inhibited objectively, and who was constantly preoccupied with a variety of sexual phantasies which are discussed quite fully in the book. With the help of a friend, Bloch, these phantasies have developed to the point at which he believes that the girls he meets would indeed welcome the opportunity to satisfy him. Also they have become more objectified in the sense that he no longer wishes merely for his own individual sensual gratification with a woman, but wishes in addition to produce some permanent and individual effect on her personality. He is beginning to need a real object to replace his private phantasies. In the carriage he is tied by the presence of his grandmother and Mme. de Villeparisis, both of whom may be viewed as mother-substitutes, and he wishes to escape from them in order to convert his phantasies into reality. For a short time he does escape to look at the church at Carqueville, which, draped as it is in ivy, takes almost the form of a female figure in his vision, 'undulant, caressed and fugitive'. Immediately he leaves the church he is fascinated by a girl who carries a bowl of fish which she has caught, and he succeeds in giving her a message which impresses her with his personality and importance. This fills him with deep satisfaction. On the way home, still full of happiness, he has the strange *déjà vu* experience, in which he feels that he recognizes three old trees, which seem to come towards him, or towards which he seems to go out, or which, inversely, even seem to grow within himself. He feels that they have a vital message for him and they seem like phantoms of the past or dear companions of childhood. When Mme. de Villeparisis' carriage takes him out of sight of the trees he has a deep sense of loss and is extremely wretched.

On searching further back into his development it is found that in early childhood he was deeply dependent on his mother, and, when M. Swann, perhaps a father-substitute, unknowingly prevented her from coming to his room to kiss him good-night, his real father being the actual agent of the prohibition, he is miserable and unable to sleep. He makes a hysterical scene, and this compels his father to allow his mother to spend the night with him. This remains his only vivid memory of childhood. Through a chance association between the taste of a cake given to him by his mother and that of morsels of similar cakes often given by his aunt, another mother-substitute, in childhood, he is able, he says, to revive other lost memories, in surprising detail, and writes a book about his emotional development. This voluminous work was published in eight parts, between 1913 and 1927, some of it after his death, and it might rather unkindly be described as an immensely elaborate way of missing the point, as a result of which he is able to remember everything except the real explanation of his interest in his mother's cake.

The real explanation would take him, not forwards to the rest of his life, as in the book, but backwards to the understanding of his intense dependence on his mother, to the passionate need to separate her from his father and to have her for himself, to his projected impression that his father always takes her away from him without due regard for his feelings, and thus to the origin of his hostility towards his father.

Through the vast façade of words which makes up the book and partly obliterates the realities of his emotional development, however, at least one striking experience thrusts its way out and resists obliteration. It is the *déjà vu* experience of the three trees, which is a result of these factors: development of masculine urges released by freedom from his grandmother and Mme. de Villeparisis and excited by the church and the fisher girl, frustrated on the one hand by persistence of infantile mother-dependence and by father-prohibitions on the other. He tries to win the fisher girl as a genuine love-object and in doing so partially succeeds in converting sexual phantasies into objective realities

but is taken away in the carriage by two mother-substitutes and, in this position of frustration, under the additional stimulus of the three trees, has an emotional regression to an earlier and infantile phase of sexual effort. Thus, much as in the Tolstoy example, through a peculiar combination of objective stimulus, of the reality demands of individual development, through repression and compensating emotional regression, an infantile idea is forced momentarily into consciousness, gives pleasure, a false feeling of new potentialities of life, is rationalized and disappears, leaving the individual, in this case, wretched and depressed because of the stimulation of phantasies which cannot be fulfilled.

He is perfectly right in describing the trees as 'dear companions of childhood'. It is almost impossible to avoid noticing certain arrangements and coincidences which have been made unconsciously by the author. The church, almost undeniably like a woman's form, is draped with ivy instead of clothes, which, fluttering in the wind, partially reveal its sexual features, vulva in the pointed window, breast in the swelling underneath of a capital. The narrator feels the compulsive need to grasp this hidden meaning more clearly, and in a moment does so with less difficulty, in the attractive girl he now meets in the village. She is sitting on an arch, so often a female organ, because its proximity reinforces her sexuality; and, are not the fishes the penises which she has caught by rallying the men who pass by, and which she holds in a vessel, her womb, upon her lap? The three trees are triply phallic, as they should be, and he reaches out to them as he would in masturbation, and feels them growing within himself as the erection proceeds; not only that, however, but his personality stretches itself out to meet the demands of developing masculinity within him. He explains this clearly in different terms, showing how he is now seeking realities of mutual relationship instead of narcissistic satisfaction, a mature outlook instead of that of an infant, and the title, *À l'ombre des jeunes filles en fleurs*, indicates how he is now becoming more conscious in a concrete way of these creatures and more responsive to them. He is carried away from the possibility of mature development by mother-substitutes, duplicated, as women often are, instead of being triple like the phallic trees, and, in the baby-carriage, is smothered by his dependence on them into invalidism and impotence. Hence his wretchedness when Mme. de Villeparisis asks him what he has been dreaming about, for he has been dreaming of the fresh start which could be made with a new childhood, and this is the profound meaning of the trees which he is unable to grasp. Just as his father was the agent of infantile prohibitions, so the coachman is the agent of youthful frustrations and drives him away from the new developments of adolescence.

The passive homosexual aspects of the phantasies discussed in this article are easily displayed, and are of some interest, especially as Proust was himself a manifest homosexual. The girls he meets on the drives with Mme. de Villeparisis are partially masculine figures. Each secretes something, semen, uniquely her own, and he speaks of the inability to satisfy on any one of them the desires awakened by another, just as if he were a woman seeking the unique thrill of a lover's penis. He also speaks of the girls' ability to bring desire to birth in him, a very feminine phantasy, while one girl drives her cow, just as he wishes to be compelled by her, and another sits erect and phallic on the back part of a landau. The milk girl is expected to invite him to let her love him, but the phantasied love-letter is really a note from Bergotte, a man. Even the church of Carqueville has its masculine and compelling qualities, which force him to submit to the need to understand its inner meaning, and, though partly feminine in form, it has a pointed arch and reveals green phallic pillars, also 'undulant, caressed and fugitive'. The girl at the bridge is also phallic in her ascendancy over the others, and in her bowl of fish which might be her own penises, so that she, like the church, is a hermaphrodite figure. Proust's homosexual attitude is seen in his great need for the phallic trees, to which he is powerfully attracted, and from which he has so much difficulty in allowing himself to be drawn away. Mannish mother-substitutes drive him off in the carriage and he cannot resist their control. Thus passive homosexuality is constantly presenting itself, often with little disguise, as an escape from normal masculine development.

At the end of this analysis it would be unfair to leave the book described as an elaborate way of missing the point without qualification. It is also a brilliant and fascinating work of art, in which Proust has sublimated and rationalized his conflicts and phantasies, and in which he has produced a mine of interest to any who takes the trouble to read it thoughtfully.

(4) Discussion

It is still necessary to know why, in these two examples given by Tolstoy and Proust, the experience at a certain moment should be of the peculiar kind called *déjà vu*, and not a dream, illusion, delusion, hallucination or other form of the projection of phantasy material.

Tolstoy's *déjà vu* occurred when he was with a woman, the sister of the man who was his own and his brother's friend, and who was linked by emotional identifications to other women, to his own sister and mother. In addition to this linkage with infantile attachments to his mother, certain aspects of former phantasy situations, such as the rain falling and the view of birch trees, were duplicated. The previous phantasy situations all centred about his search for a perfect woman, the

she who would fulfil all his ideals and desires. In studying the whole book more carefully we find intense dependence on a mother lost when he was very young, coupled with real or phantasied fears of paternal prohibitions, and a persistent failure to become masculine and adult owing to this unfortunate combination of mother-dependence and father-frustration, with homosexual and masochistic complications.

Under these complex conditions of developing manhood, frustration and regressive dependence, the girl he is with for a moment almost seems to be the real *she*, of whom he has often dreamed, but, since he is unable to fall in love owing to the frustration and dependence, the peculiar *déjà vu* substituted itself and satisfies the complex network of psychological determinants. It is his mother he recognizes by projection of phantasy, he is unable to fall in love with Varya, the real girl, and he explains away the whole experience by various rationalizations which prove to him that after all she is not *she*. In a patient with a psychotic breakdown a delusion or hallucination might have occurred ; at night, with greatly reduced objective perception, he might have dreamed he had met and loved his mother or some girl who took her place in the dream ; had he not been inhibited and hysterical, he might have seen in Varya the fulfilment of objectified ideals, and fallen in love with her. The *déjà vu*, however, was the inevitable outcome of the special complex of personal and objective conditions at work. It could be classified as a form of hysterical symptom, and, like many, if not all, symptoms, it was not merely something which had gone wrong, but an active, though largely unconscious, effort of the ego to bridge a certain gap created by the peculiar combination of excitation, frustration and regression together.

The Proust example has broad similarities with that of Tolstoy. Mother-dependence and father-prohibition combine to resist growing masculinity. Inner phantasies are striving, though ineffectively, to press the ego to find a true object-attachment. Passive homosexual tendencies always stand in his way. It is interesting that he does not have a *déjà vu* experience of the church of Carqueville, but simply feels the need to grasp the idea of ' church ' more intensely, and describes it almost as if it had voluptuous and feminine qualities ; similarly, he does not have a *déjà vu* experience of the girl with the bowl of fishes in her lap, but simply feels the need to bind her interest firmly upon himself. These experiences failed to be of the *déjà vu* type, but consisted of the commoner forms of imaginative interpretation (of the church) and of almost falling in love (with the girl), because, when they occurred, he was for the time being freed from his grandmother and Mme. de Villeparisis, mother-substitutes, and for the time being could be almost masculine. It is when he is back in the carriage and on the way home, an invalid in charge of his grandmother, that the trees suddenly excite the *déjà vu*. They are masculine objects duplicating inner phantasy and, by condensation, expressing infantile sexuality and the growing urge to manhood of the adolescent ego, at the same time. Thus it is himself as a frustrated infant and also himself as a potential adult whom he recognizes by projection upon the trees, which seem to be coming towards him, growing within him and inviting him to reach out to them. The recognition is incomprehensible, clear insight is impossible on account of the frustrations, the experience is rationalized by various theories, which, indeed, are not far from the truth, and he is dragged away in the carriage in the company of mother-substitutes. Again, it is the peculiar combination of mother-dependence, father-frustration and growing masculinity, and the perception of a specially appropriate exciting object, which sets off the *déjà vu*.

In both of these examples the peculiar position in which the ego often finds itself in frustrated personalities is clearly depicted. Figuratively, it is growing up itself, but is liable to be overpowered by the super-ego, excited by the environment and swallowed by the id at the same time. Then it can be seen why the ego may need the help of the analyst to enable it to exploit the id and to win the super-ego over to its side, in order to be able to face the demands of the environment.

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SOME ASPECTS OF POLITICAL ETHICS FROM THE PSYCHO-ANALYTICAL POINT OF VIEW

By R. E. MONEY-KYRLE, London

[*** *This paper was read before the British Psycho-Analytical Society on November* 15, 1944. *It is a re-formulated and condensed version of a paper on the same subject written some years earlier, which has appeared in the* British Journal of Medical Psychology, **20,** 105, *under the title* ' *Towards a Common Aim —a Psycho-Analytical Contribution to Ethics* '. *Though the same ground is to some extent covered in the two papers, the interest of the argument will be sufficient excuse for the few verbal repetitions. The present paper appears with the consent of the Editor of the* British Journal of Medical Psychology.]

(I) Statement of the Problem

Ideological Disputes

(1) The political decisions which individuals and societies are called upon to make fall roughly into two groups: those concerned with the choice between different means to an agreed and well-defined end, and those concerned with the choice between different ends or ideologies. If, for example, the highest standard of material comfort is our end, we must decide whether this can be best achieved by state production or by private enterprise or by some mixture of the two. Economics may not yet have provided us with sufficient data to make a reliable decision, but we have no doubt that it will do so in time. Problems of this kind, therefore, come within the scope of empirical science, and are, at least theoretically, soluble by empirical means. But when we have to choose between the different ends of material comfort and the dominance of our race, or between equality and freedom, we seem to be faced with an entirely different type of problem. We may have no doubt about our choice. But how are we to construct an argument to prove that we are right ?

(2) We may of course say that the only ultimate ends are given us by nature, and that what we call political ends are really only means, of varying degrees of adequacy, to the satisfaction of our instincts.[1] But consciously these ideologies are ends in themselves. We do not choose them because we consciously believe them to be adequate means to the satisfaction of our instincts, but because we feel them to be right. As psychologists, therefore, we must ask why we think them right, and as sociologists whether we can rationally defend our choice.

Ethical Criteria

(3) The attempt to answer these questions by the discovery of some unique and generally acceptable criterion of value has in fact been one of the major preoccupations of philosophy. But, in spite of all their efforts, professional moralists still give different answers; and the world is no more certain whether it ought to aim at comfort or dominion, butter or guns, or something else, than it was in the time of Plato.

(4) Now whenever a problem has remained unsolved for thousands of years this is usually because it is so framed that it is either logically or empirically insoluble. To the metaphysician the question was ' How can we discover by pure logic what means we ought to seek ? ' This demands of logic the impossible task of getting more out of a proposition than has been put into it. Therefore the question was so framed that it was logically unanswerable. To the theologian, the question was ' What does God want us to seek ? ' Here there is no logical contradiction. But different theologians find different answers and so refute each other's claim to be acquainted with God's wishes. The question in this form would seem to be empirically unanswerable.

(5) To the psycho-analyst, the nearest equivalent to the theological question is ' What does our super-ego want us to seek, or avoid ? ' In this form the question can and has been answered.[2] But the answer is pluralistic, being different for different super-egos. Therefore it does not provide the unique criterion which the man in the street no less than the philosopher demands.

The Criterion of Normality

(6) What is required evidently is a re-statement of the question in a form that admits of an answer that is both empirical and unique. For the answer would then give us the unique criterion we need. I suggest that the question ' What does the normal individual feel he ought to seek ? ' may satisfy these conditions. It will do so if, and only if, we can agree on a definition of normality, and can discover, as an empirical fact, that there is some common element, either of form or content, in the moral attitudes of all normal individuals so defined. The aim of this paper is to discover whether or not such a common element exists.

(II) Preliminary Survey

Pathological Ideological Attitudes

(7) If we begin our search without a clear

[1] By the satisfaction of instincts I mean the removal of physiologically conditioned stimuli (instinct tension) by a method which is at least in broad outline also physiologically conditioned (innate reflexes). See Freud (1915) and Money-Kyrle (1932; Chap. II).

[2] Psycho-analysis has discovered that ' man is not only far more immoral than he believes but also far more moral than he has any idea of '. (Freud, 1923; 75.)

definition of normality, and in doubt of the existence of a common moral element in normal people, we are at least familiar with many forms of pathological development, and with the peculiar moral attitudes which these usually involve.[3] It will probably be agreed that all neurotic abnormality results from an unsatisfactory outcome of the Œdipus complex, in which the father, and indeed both parents, who have been internalized as the super-ego, remain phantastically severe and terrifying figures. Therefore we should expect the neurotic's excessive fear of these figures to affect his attitude to all questions of morals, that is, of conscience.

(8) Take, for instance, the aggressive self-righteousness of the paranoiac with delusions of persecution. Here we have learnt from Freud to recognize two fundamental features : a homosexual tie and the mechanism of projection. The relative primacy of the hate and homosexual love may be still a controversial matter. But I think everyone will agree that it is the sexual element which gives the hate its peculiarly implacable and persistent character ; and that this hate by which the paranoiac feels himself pursued is his own hate, which he has projected upon its object and then, as it were, re-admitted in what seems justifiable self-defence. In Melanie Klein's view (1932), this projection of affect is only one stage of three in a vicious spiral of development. In the first, the child projects his unconscious sadistic impulses upon his parents and so forms an unconscious picture of sadistic, diabolic or ' bad ' parents which has little or no resemblance to the real ones. In the second stage, he ' introjects ' these bad figures and so feels himself to be persecuted by inner enemies—a process which is very similar to the ' incorporation ' of a lost and now hated loved object described by Freud (1917) in ' Mourning and Melancholia '. In the third stage, he seeks to escape the sense of inner persecution by projecting these internal bad objects outside himself and identifying them with external persons. At the same time, he attempts, by exploiting the homosexual tie, to convert the ' bad ' father representatives into friends. When this fails, they become true persecutors, who pursue the paranoiac in his imagination, and are in reality pursued by him, with a sadistic and relentless hate. We can all recognize the outcome of these mechanisms in Nazi ideologies, and, to a lesser extent, in the ideologies of some of our own extremists in all Parties.

(9) At the opposite extreme to delusions of persecution is denial of danger when it is only too real. From Melanie Klein's observations, it would seem likely that the denial of real danger, no less than its paranoid exaggeration, originates in a sense of inner persecution. But the anxiety (which might otherwise express itself in melancholic and hypochondriacal conditions) is reduced by the denial of the inner enemy, instead of by projection. While the mechanism of projection appears to have been one of the main determinants of Nazi ideology, the mechanism of denial appears to have been one of the main determinants of the disarmament policy pursued up to 1934 by most of our own leaders in spite of the obvious threat of the war. This might be called ' Scotomist ' ideology.

(10) If the denial is not absolute, and only the implacability but not the existence of real enemies is denied, the result may be an attempt to appease them. A policy of appeasement, as we know, was adopted in this country in the period between the ' scotomization ' of 1934 and the full awakening of 1939.

(11) Another method of lessening the unconscious fear of ' bad ' inner objects is to cling to the conviction that they are really the same as the inner ' good ' ones. The result is not a fusion of friendly and hostile elements into a true inner picture of the real parents, but a mixed figure in whom, as in the Calvinistic God, love and sadism are alike phantastically exaggerated. The hostile qualities of the external representatives of such a mixed figure are not denied or underestimated. No attempt is made to propitiate these enemies. But neither are they attacked, because they also represent the inner good. This is the attitude of the true pacifist, who will not defend himself or even his ideals.

(12) In unconscious phantasy there is always a conflict between the good and bad internal figures. For example, the ' bad ' father, on to whom the child projects his own sadism, is supposed to attack the ' good ' mother whom the child wishes to protect. Therefore any denial of, or surrender to, the bad figure always implies a desertion of the good one and its external representatives. Thus the Nazi paranoiac in his homosexual surrender to the ' bad ' father, Hitler, deserts perhaps his ' mother ' Church, while the British scotomist who denies Hitler's aggressive intentions, or appeases him at the expense of others, endangers his own country or deserts other ' good ' countries which had been encouraged to rely upon his help. Such cowardly desertion of 'good ' objects is sometimes facilitated by a denial that they are good and worth defending. The result is a cynical attitude to all ideologies which finds its philosophical expression in ethical relativity. It was fairly common throughout Europe in the period between the two wars.

(13) All these ideological attitudes represent different mechanisms for dealing with the excessive anxiety aroused by inner phantasy objects, which have remained phantastically exaggerated because they have not been corrected by comparison with

[3] Ernest Jones (1942) points out that the political views of otherwise normal individuals are often determined by unresolved complexes.

the real parents from whom they are derived. In other words, all these attitudes are ultimately conditioned by unconscious distortions of reality and must therefore be classed as pathological.

Normal Ideological Attitudes

(14) It may now be easier to arrive at a definition of normality and to discover whether or not there is any common element in the ideological attitudes of normal people so defined. The normal individual differs from the neurotic in the outcome of his Œdipus complex.[4] His super-ego approximates more closely to the real parent figures. Therefore he has less anxiety, less conflict, and a greater capacity for work and pleasure. In particular his moral attitudes are less influenced by fear and therefore more by love.

(15) The determining factor is, I think, that the barrier between unconscious phantasy and real experience is more porous. The normal individual still retains his unconscious picture of good and bad internal objects. But the original pictures have been corrected by reality testing and now correspond fairly closely with their prototypes and current representatives. Thus optimum normality may be defined as optimum freedom from distortion in unconscious phantasy.

(16) Because there is less distortion, the bad internal figures are less terrifying. Therefore the dangerousness of their current representatives in the external world is less likely to be exaggerated or denied. Similarly the good internal figures and their representatives are less threatened and easier to defend. All these differences will be reflected in the normal individual's political ideals. Unlike the cynic, he will attach great value to certain aims and ends which he will feel able to promote, restore or defend; unlike the pacifist, he will be able to attack the enemies of these aims; unlike the 'scotomist' and the appeaser, who deny the existence or the extent of real danger, he will be able to recognize real enemies; and unlike the paranoiac, he will not imagine enemies where none exist and will reserve his aggression for those who are real. His aims will be characterized by a kind of militant constructiveness.

(17) The result, so far, of our search for a clinical criterion of political ethics may be summarized as follows. We have defined optimum normality as optimum freedom from distortion in unconscious phantasy. That is to say, we have defined normality, not as the statistical average in any given culture, but in terms of truth; and this is an absolute standard, for an inner picture of the world is true or false in an absolute sense, in proportion to its correspondence with real experience. We have also considered a variety of ideological attitudes, and have found that one of these, which we called militant constructiveness, appears as an empirical fact to be common to all normal people. If so, we have found something that can be used as the unique clinical criterion we sought. But it is a criterion with only a limited scope: it can be applied to what might be called the pattern or form of an ideology; not to its content.

(III) A Psycho-Analytical Theory of Ethics

Three Problems

(18) Having established at least a *primâ facie* case for the existence of such a thing as normal morality, we are now in a position to attempt an outline of a psycho-analytical theory of ethics. I propose to divide it under three questions: How does morality originate and what is its primary form? What deviations from this primary pattern occur in the course of development? What kinds of deviation would remain in a highly normal world?

Origin and Primary Form of Morality

(19) Abstract concepts are significant when, and only when, they are ultimately defined in terms of concrete experience. Morality is an abstract concept most easily defined in terms of the concrete experience of guilt. If the motive for abstaining from or performing an act is to avoid or lessen guilt, then the abstention or the act may be defined as moral. Conversely, an immoral abstention or act is one that arouses or increases guilt. Between these two extremes there are, or may be, acts that have no effect of guilt and therefore no moral quality at all. That this neutral group is much smaller than it seemed was one of Freud's principal discoveries.

(20) But the word 'guilt' is itself ambiguous. It is sometimes assumed to be synonymous with fear of the consequence of disobedience to authority, in particular the authority of the super-ego. But this identification of guilt with fear of authority does not quite fit the concept; for on the one hand, defiance of an unloved and tyrannical authority may be accompanied by great anxiety, but is felt to be virtuous and heroic and by no means guilty; and on the other, injury to a helpless loved object, which has no authority, always causes guilt. Guilt therefore is not persecutory anxiety, but something identical with, or at least very closely related to, that blend of anxiety and despair which Melanie Klein (1935) calls depressive anxiety. Now it is an empirical discovery of psycho-analysis that this most painful emotion is the effect of aggressive acts or phantasies against a loved object, and is itself the cause of the impulse of reparation. There are therefore at least two forms of morality (i.e. conduct designed to avoid or lessen guilt): negative morality which aims at the avoidance of aggression against the loved object or its symbols; and

[4] Normality is of course a limiting conception. By normal people I mean people who have achieved a high degree of normality.

positive morality which aims at the reparation of the damage done. Since the desertion of a loved object which is attacked by an enemy arouses as much guilt as if it were attacked direct, there is also a third form, aggressive morality, which aims at the defence of the loved object against attacks. (Here the aggression originally directed against the loved object itself is diverted to the service of its defence and reparation.)

(21) Closely associated with the concept of morality is that of goodness. Applied to acts, the two are indeed identical; but applied to objects, goodness is an independent concept which must be separately defined in terms of another elementary experience—that of love. The first loved object, as we know, is the mother's breast and all that it implies. For this reason it has been called the 'primary good object'. It was first loved orally, and in phantasy was orally incorporated. That is, it was introjected and henceforth lives on in phantasy as an internal good object, with which all subsequent 'good objects' are to some extent identified. By association with the breast and nipple, the father's penis, of which undoubtedly there must be some innate idea, is in its desired aspect another good object of the oral phase. Its oral introjection is the basis of subsequent anal and genital introjections.

(22) It is sometimes convenient to distinguish a class of secondary good objects that derive their goodness from the aid they give to primary ones. The father in his capacity as the mother's protector is good in this sense—though in another aspect he is also good in a more primary sense as an object loved and desired on its own account.

(23) Just as a good object is something loved, a bad object is primarily something hated. If it is hated orally, it too is incorporated in unconscious phantasy and so becomes a bad internal object—an inner persecutor. When the mother's breast does not satisfy the infant, it becomes a bad internal object in this sense. Similarly, the father's penis, and of course later the whole man, in its aspect as a rival, is hated and aggressively introjected, orally, anally and genitally, to become a bad internal object. Here again it is useful to distinguish a class of secondary bad objects which are bad or hated because they threaten a good object. The father can be bad in both senses: in one aspect because he is the child's rival for the mother; and in another because he is believed to make sadistic and destructive attacks upon her.

(24) Often the same object is both good and bad, because it is hated as well as loved. This ambivalence is the primary cause of guilt as we have defined it. To lessen the guilt, various mechanisms, as we know, come into play: the object is split into good and bad aspects, which are identified with varying degrees of justification with different objects in the external world; or the hate component of the ambivalent emotion is projected, for example, on to the bad father figure who thus becomes the persecutor of the good object, the mother. But the guilt is also worked off by acts, both negative and positive, of three basic kinds: by cherishing the good object and abstaining as far as possible from aggression against it; by repairing it; and lastly by defending it against the secondary bad objects that threaten it.

(25) All these modes of behaviour have guilt as their motive, and are therefore moral within our definition of this word. Thus arise the three fundamental principles of primary morality: It is bad (immoral, that is, it arouses guilt) to threaten or injure a good object; it is good (moral) to love and repair a good object; it is also good (moral) to hate, attack and destroy a secondary bad object in the defence of a good one.

(26) These three principles are empirical discoveries of analysis, and are general, not specific to certain individuals. The basis of morality is therefore neither *a priori* and universal as the metaphysicians claimed, nor empirical and relative as critical philosophers maintain, but empirical and universal in the sense that it is a quality, like binocular vision or an articulated thumb, found to be common to all mankind.

Pathological Deviations

(27) But the primary pattern of morality by no means always remains conscious. In abnormal individuals, whose inner picture of the world has not been corrected by reality testing, the bad internal figures and their current representatives are so terrifying that the good ones cannot be defended. Therefore the primary pattern is repressed and replaced by a pseudo-morality in which persecutory anxiety masquerades as guilt.

(28) There are many degrees in the surrender to a bad object and the desertion of a good one. We have already considered some of the principal types, which, at the cost of over-simplification, might perhaps be tabulated thus:—[5]

(i) In *cynical morality*, the goodness of the unattainable good object is denied in order that the bad one, which threatens it, can be treated with indifference. *For example*, the good mother, represented say by the democratic ideal of a better world, is not really good, because she is unattainable. Therefore it does not really matter if the bad father, represented by Totalitarianism, does attack her sadistically.

(ii) In *pacifist morality*, neither the goodness nor badness of objects is denied; but some goodness is asserted to adhere even in the worst object, so that it need not, indeed must not, be attacked. *For*

[5] In the following examples, the rôles of good mother and bad father symbols only are considered. The real situation is complicated by the simultaneous presence of symbols of many other phantasy objects—in particular of the bad mother and the good father.

example, the good mother, say one's own country, is good. But the bad father, Hitler, is good too, because being a man he contains an element of his Creator. Therefore it is wrong to kill him, even in the defence of one's country.

(iii) In *scotomist morality*, the bad object, but not the good one, is denied. *For example*, the good mother, say the ideal of peace, is good. But she does not need defence because there is no bad father to attack her. Hitler may talk, but he cannot really mean to do the things he threatens.

(iv) In *appeasement morality*, the implacability of the bad object is denied so that it can be propitiated. *For example*, the good mother, one's own country and the ideal of peace, is good and in danger. But the bad father, Hitler, can be appeased with a bit of Czecho-Slovakia.

(v) In *paranoid morality*, there is an almost complete reversal of values. The primary good object is deserted and becomes bad, while the bad one is converted into something good. *For example*, the bad father, Hitler, is not bad at all; he is phallically magnificent. Everyone ought to enjoy being sadistically raped by him. If the good mother does not like it, she is not good. The only bad people are therefore the deserted mother and sisters, represented by the small nations, who do not like being raped, and the weak father, the democracies, who does not rape anyone and disappoints the subject's masochistic homosexuality. These become persecutors and inherit all the badness of the original bad father, who becomes a phallic god.

Normal Deviations

(29) All these deviations from the primary pattern are pathological within our definition of the word because they are conditioned by a false inner picture in which bad objects remain phantastically exaggerated. In normal development, this inner picture is corrected by reality testing. No one is free from ambivalence nor from the resulting sense of guilt. But in the normal individual, reality testing proves that good objects are still good in spite of the attacks upon them, and that the remaining bad ones are less terrifying than they seemed. Therefore the current representatives of good objects can be protected and restored, and, if need be, defended by attacking the current representatives of the bad ones. Apart therefore from other characteristics of normality, all individuals whose inner picture of the world is not distorted will retain the common pattern of primary morality: love for and the desire to promote certain values, and hate in their defence of real but not fictitious enemies.

(30) But it is only the pattern which in normal development remains the same. The content, that is, the symbols of the primary objects in the emotional pattern, of course develops differently, and is often incompatible in different normal individuals. Therefore even in a highly normal world some conflict of ideologies which are both right—that is, both psychologically normal—would inevitably remain. This point of view is distinct both from ethical absolutism and ethical relativism. According to the absolutist, if there is a conflict of ideologies, one must be right and the other wrong. According to the relativist, they are both equally right. According to the empirical psychological view, one is better than the other if its emotional pattern is less distorted; but if the pattern is the same and only the content is different, both are equally right.

(31) If psycho-analytic insight is gradually diffused throughout the world, abnormal divergencies from the primary form or pattern of morality will have a diminishing effect on the policy of nations. Pathological prophets will be recognized for what they are and will cease to win vast numbers of disciples. Wars and revolutions, which are mainly products of paranoid fanaticism passively assisted by scotomist paralysis and cynical indifference, will become less frequent. Society will become more tranquilly creative.

(32) But psycho-analytic insight alone will never reduce those conflicts which spring from the normal enthusiasms of rival patriots and partisans; for they differ in content only and not in form. If such normal conflicts are ever to be settled by argument, it must be possible to show that they are not concerned with different ends but with different means to some more ultimate end not in dispute. It is generally outside the scope of analysis to judge such questions, which more often fall within the field of economics; but analysis may help by describing what is in fact the ultimate end of man. For instance, psycho-analysis cannot decide whether state or private enterprise is the best means to human welfare; but it is for analysis, rather than economics, to say what welfare really is.

(33) The child seeks objects that aid, and tries to destroy those that frustrate, the satisfaction of his needs. But as the same objects sometimes do both, he also tries to protect them against his own aggression. Failure leads to depressive anxiety, or guilt, which may be more powerful than unsatisfied desire. But in normal development, the primary 'egoistic' aim—to possess and enjoy good objects—is qualified by an 'altruistic' one—to protect and restore them; and aggression, which first served the primary instincts, partially changes its allegiance. So man is an animal with a dual aim, and the society that satisfies him best must offer, not only material comfort, but also the best and most varied scope for creative and reparative work. If this is once agreed, the remaining conflict would cease to be ethical, that is concerned with ends, and would become practical, that is, concerned with means, which it is the business of applied science to discover.

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BOOK REVIEWS

Love Against Hate. By Karl A. Menninger. (Harcourt, Brace & Co., New York, 1942; Allen & Unwin, London, 1944. Pp. 311. Price, $3.50; 10*s.* 6*d.*)

In this his latest book, Dr. Menninger returns to the field of popular interpretation of the application of psycho-analytic thought to manifold human interests. It is written in the same easy style and enlivened by striking clinical observations, amusing anecdotes and pertinent quotations from non-medical as well as medical writers which made Dr. Menninger's *Human Mind* so valuable to the general public and achieved for it its notable success.

Among the chapter headings are such interesting topics as 'The Frustration of the Child', 'The Depreciation of Femininity', 'Work', 'Play', 'Faith and Hope'. These titles reveal the wide range of subjects covered.

Generally speaking Dr. Menninger's thesis is that 'this medicine, love, which cures all sorrow' is indeed very old, but that to Freud we are indebted for his analysis of the mechanisms by which hate becomes fused with love and threatens to overcome it. Dr. Menninger for his part examines those resources which favour the life instinct and oppose the death instinct and inquires whether it may be possible to cultivate remedies which may allay those hatreds which cause such misery and havoc in the world. This question he answers in the affirmative.

Throughout the book, in discussing various problems of education and social endeavour, Dr. Menninger always favours examples which support the positive or love side in the antagonism of love and hate. He reverts to the old formula of Plato —'for love is the desire of the whole and the pursuit of the whole is called love'—and at the end quotes from Rebecca West's contribution to *Living Philosophies* as the spirit in which our lives could be lived: 'if we do not regard as sacred our own choice and the choice of others, we open the door and let into life the ugliest attribute of the human race, which is cruelty . . . the root of all other vices.'

Love Against Hate furnishes entertaining reading from cover to cover. It should appeal not only to physicians but to a large group of laymen who are interested in a psychiatric approach to social problems.

C. P. Oberndorf.

Personality and Mental Illness. By John Bowlby. (Kegan Paul, Trench, Trubner & Co. Ltd., London, 1940. Pp. xii + 280. Price, 10*s.* 6*d.*)

In this book evidence is given to confirm Kretschmer's theory of personality, a new classification of personality types is suggested, the literature published in English is reviewed and the personalities previous to illness of 65 patients, as scored on a test of 105 'traits' or attributes, are given, along with many descriptions of patients' illnesses. The view that transitions occur from normality to neurosis and psychopathy, and from both to psychosis is accepted. 'Healthy personality is simply one manifestation of personality, the neuroses and psychoses being others.' (P. 6.) Granted the general fact of 'gradation', the view is accepted that certain types of normality may break down by developing neuroses, which, if they worsen, may lead only to certain psychoses. The linear theory based on regression is not accepted.

The personalities of the patients have been compared quantitatively in terms of 33 schizoid traits (e.g. 'solitary', 'no friends', 'no sex', etc.), 45 non-specific (depressive) traits (e.g. 'steady worker', 'practical', 'cautious', etc.) and 27 non-specific (hyperthymic) traits (e.g. 'many friends', 'jolly', 'leader', etc.). Many of the traits are symptomatic (e.g. 'alcoholism', 'phobias', 'invalidism', 'homosexual', etc.). Such traits occur so frequently that it is stated (p. 189) that a different scale would be needed in any attempt to separate 'normal' instead of pre-neurotic or pre-psychotic personalities into types.

The 'syntonic' (Bleuler's term for 'cycloid') personalities of the manic-depressives (23 in number) have been subdivided into 5 types, partly descriptively and partly on the basis of the antitheses between good and bad temper, and between active, sociable, optimistic and their opposite. This leads to 5 sub-types named Cautious Obsessive, Cheerful Hyperthymic, Anxious Depressive, Quarrelsome Hyperthymic and Circular. The difference between Kretschmer's data and the author's may, he feels, be racially determined (p. 91). Although dynamic psychopathology is rarely mentioned, enough of Morton Prince's description of 'Sally Beauchamp' is quoted to substantiate the suggestion that a manic-depressive disorder may have had much to do with the alternation of her 'personalities'.

The ' schizoid ' personalities (before their illness) of the 13 schizophrenics examined are subdivided into 6 types : Saint-like, Hysterical, Cold Solitary, Apathetic Asocial, Shameless Antisocial and Normal. Not enough information is given about the schizophrenic reactions to make it possible to decide whether there is any relationship between the different types of pre-psychotic personality and the type or course of the schizophrenic reaction.

The description of the personalities of the 29 neuroses (7 anxiety states and neurasthenics, 11 conversion hysterics, 5 obsessionals, 3 hysterical personalities and 3 psychopathic personalities) shows that they resemble either the ' syntonic ' or the ' schizoid ' personality of the psychotics before their illnesses. Such connections are considered to be important in prognosis and would point to the type of psychosis which the neurotic would develop if his condition worsened. ' It is my contention that every patient suffering from an Anxiety State or Neurasthenia, or for that matter from any other neurosis, should be examined, not only to exclude psychotic symptoms, but also with a view to determining whether he is syntonic or schizoid in make-up. If this is done prognosis would become more reliable, treatment more intelligent and psychopathology more scientific.' (P. 151.)

The discussion of the patients' histories and illnesses shows of how little use it is to attempt to draw sharp distinctions between different types of neuroses—and how useless to attempt to distinguish between Anxiety Neurosis and Anxiety Hysteria. The chief conclusion is : ' In all cases of sexual, neurotic or personality disorders, it is believed that it is of far more value to diagnose to which main type and sub-type of personality the patient belongs than to try to settle the diagnosis between the traditional groups—anxiety state, hysteria, obsessional neurosis, psychopathic personality, etc.' (P. 184.)

The final chapter is concerned with psychiatric diagnosis. Some stability of view is found in the contrast ' syntonic ' versus ' schizoid '. This contrast is considered hereditary. The vicissitudes of instinctual development may allow differentiation into one or other of the sub-types mentioned. The degree of stability (as measured by the frequency of traits that determine the schizoid or syntonic personality) determines the liability to illness. About the illnesses themselves least is said. A plea is made for a long-term research study to confirm the usefulness or otherwise of the proposed personality check list. It is to be regretted that the author does not attempt to valuate or criticize in detail the laborious attempt which was made over many years at the Boston Psychopathic Hospital along the lines he suggests. Unfortunately the more such a study is made of ' psychotics of unassailable diagnosis ' the larger the number of border-line patients which will be left out ; and it is just with these that prognosis is difficult. Unfortunately, too, if normal individuals are to be studied, both the check list will have to be altered and the difficulties of deciding on a quantitative value for a personality trait (e.g. how sociable, sexual, humorous, etc. the individual is) will increase. And it is the interpretation of the quantitative differences that will produce subtypes.

The last third of the book discusses the check list, comparing the author's results with some previous work.

The fact that it is difficult for a psycho-analyst to find roots in such work shows itself in such conflicting statements as these : ' Except for the mellowing of age, people change little during the course of their lives.' (P. 95.) ' Few people remain the same throughout their lives whilst many show at successive periods an unstable personality, symptoms of psycho-neurosis and of psychosis.' (P. 187.)

It is doubtful whether for a long time it will be possible for personality to be usefully ' classified ' by psycho-analysts. It will be a long time before the facts of psycho-analysis can be used massively and statistically. (Perhaps it will never be until it becomes an incidental part of the analyst's day's work when some plan for co-operative research by perhaps hundreds of analysts has emerged.)

Analysts will nevertheless strive towards settling the rôle of nature versus nurture in such problems as these : ' Schizoids appear to have a greater wealth of perverse and infantile sexual impulse and phantasy than syntones.' (P. 190.) ' Actually it seems to me very doubtful whether earlier infantile material does appear in the one psychosis more than in the other, but even assuming it does, it now seems probable that the tendency to specific fixations is the result rather of inheritance than of experience.' (P. 193.)

W. Clifford M. Scott.

Stone Men of Malekula. By John Layard. (Chatto & Windus, London, 1942. Pp. xxii + 816. Price, 50s.)

The Œdipean desire to emulate the father, and indeed both parents, may be expressed in many ways. Society, while condemning most of these, selects and institutionalizes others as praiseworthy aims. Thus nearly all societies recognize some form of graded ranks, which convert their proud possessors into father (or combined parent) symbols and usually confer upon them some concrete privileges as well.

The Stone Men of Malekula are no exception to this rule. The pursuit of titles and steps in rank plays an even greater part in their lives than it does in ours. Among them, however, such coveted distinctions are not acquired by prowess in war, industry or politics as in our peerage, nor by a combination of seniority, merit and good luck as in our military and civil services, but solely by the sacrifice of pigs.

Indeed the cult of pigs and the preparation for, and execution of, the most elaborate 'Maki' ceremonies accompanying their sacrifice, seem to absorb nearly all the energies of these people. First the pigs have to be bred. This is itself a lengthy business; for the merit of a pig, and the degree of honour its sacrifice confers, depends solely on the length of its tusks, which are made to grow in one or more complete circles by knocking out the opposing molars. Then the dancing ground has to be prepared, gongs made, dolmens and monoliths erected in the sacrificial place, each task being accompanied by its appropriate rites. Thus the preparation for the final sacrifice, of which there are two types, low and high Maki, takes many years.

All these rites are co-operative ceremonies in which each marriage group has its allotted rôle.

Such marriage groups are not, as was originally thought, the result of a deliberate plan. They inevitably arise in any small community, where domicile is either patrilocal or matrilocal, and where the taboo on marriage with a given woman is reinforced by some avoidance of, or formality towards, the women with whom she lives. Suppose everyone in such a community to have a double surname, the first half indicating patrilineal, the second matrilineal descent.[1] You are a Henry-Joan; so are your sisters and your ortho-cousins (your paternal uncle's and maternal aunt's children) who live with them; you must avoid them all. Your father is a Henry-something, say a Henry-Mary; so are your paternal aunts. Your mother and her sisters are something-Joans, say Edward-Joans. Both these groups are also sexually taboo. Your cross-cousins (your maternal uncle's and paternal aunt's daughters) must be Edward-Marys. If they are eligible, you need go no further afield. You marry one and your children are Henry-Marys like your father, while your sister's children will belong to your mother's group of Edward-Joans. Thus the community will have four marriage classes, representing the four combinations of two male and two female lines.

This is the commonest system. But it has certain inconveniences. For under it, your father's sister, who until your marriage was a kindly aunt, becomes your mother-in-law and must then be avoided with great care. One way to escape this embarrassment is to distinguish between your first cross-cousin Mary-Anne and your second cross-cousin Mary-Rose, and to regard the latter only as an eligible bride. The effect of this solution is to split each of the original two female lines into two sub-divisions. There will therefore be eight marriage classes representing the eight combinations of two male and four female lines.

Another solution is to marry your first or second cross-cousin once removed. The effect of this is to create six or twelve marriage classes, representing the combinations of two male and three or six female lines. The Malekulans of the Small Islands appear to have a twelve class system of this kind. But the six intermediate groups, and the four original ones from which all these divisions have been derived, maintain their entity—especially in the performance of the sacrificial rites.

Each generation takes it in turn to perform the rites. If your group, the Henry-Joans, are to perform them, your father's and son's group, the Henry-Marys, will act as the introducing line. It is they who will do most of the hard work of erecting dolmens, monoliths and so on; you must pay them for this with many pigs and yams. Your own rôle is to kill the pigs on the allotted day. When you have done so, it is your mother's group, the Edward-Joans, who will give you the new names, the titles which the act of sacrifice confers. No special rôle appears to be allotted to your brother-in-law's group, the Edward-Marys—except to form part of the admiring audience of the rites.

It would be a fascinating task to seek to uncover the unconscious motives for each aspect of this strange and interesting culture. Mr. Layard has provided most of the necessary material. But perhaps it will be sufficient here to mention only one outstanding point.

The basic aim of the Malekulan Islander is to achieve a rise in rank, to take a new name, to become, or as we should say to introject and assimilate, someone grander than himself. This introjected being is an ancestral spirit, which is first identified with a tusked boar by preliminary rites of dedication, and which enters the Malekulan at the moment when he kills the pig. The circular tusks, which give the pig its mystical significance, are evidently, like the Egyptian *ankh* (crux ansata), symbols of the male and female genitals combined. So we may infer that the ancestral spirit introjected by sacrifice is the combined parent in its sexual rôle.

This interpretation seems to be confirmed by the fact that the sacrificial pig is especially identified with *Le-hev-hev* the Guardian Ghost, who is a sexless monster reminiscent of the Sphinx. It devours men's souls on their way to the other world (in a Volcano on the Island of Ambrim) unless they offer a pig in exchange or can successfully negotiate a maze. Moreover, the maze which resembles a being with a double face, is, as Mr. Layard has shown, itself a representation of the Guardian Ghost, just as, in Róheim's interpretation of the Sphinx, the riddle was a representation of the combined Parent and the Sphinx.

The intimate connection between the Maki sacrifice and the Œdipus complex is further stressed in a curious myth. A man had ten sons, and in order to test them he told his wife to expose herself, as it were accidentally, to each in turn. They all

[1] Mr. Layard uses a capital letter for the patrilineal, and a number for the matrilineal, name.

resisted the temptation, except the eldest who had intercourse with her. As a punishment he was cheated of his right to be the first to perform the Maki, and in his disappointment buried himself and his sacrificial boar alive in a hollow tree. But although deprived of the Maki, he was regarded as its founder—an inconsistency which suggests that the suicide conceals a parricide and that it was the son who triumphed in the original content of the myth. As with so many other cult heroes, his sister was his wife.

Enough has perhaps been said to encourage anyone interested in the application of psycho-analysis to anthropological and sociological problems to read Mr. Layard's book. It contains an enormous amount of information on almost every aspect of the lives of the natives inhabiting the small islands fringing the Malekulan coast.

Not the least of its merits are the diagrams used to illustrate the classificatory system of marriage, which make this intricate subject much easier to grasp than it has been before. Mr. Layard's own explanation of the system, however, is not psychoanalytical. He derives cross-cousin marriage less from an incest taboo than from a tendency for a man, in seeking a wife, to ask the aid of his mother's brother, who is his most friendly and helpful older male relation. But, in general, Mr. Layard is economical of interpretations, which might well have over-loaded his already lengthy work, and confines himself to accurate description of the facts.

R. E. Money-Kyrle.

An Introduction to Group Therapy. By S. R. Slavson. (The Commonwealth Fund, New York, 1943. Pp. xvi + 352. Price, $2.00.)

This book describes the author's extensive experiences in group activities with children presenting a variety of conduct and neurotic disorders. As an exposition of a relatively new approach to the practical problem of working with children, this is a valuable contribution, whether or not one is in agreement with the author's theories and assumptions. This work has been carried on at the Jewish Board of Guardians in New York City since 1934 and the author describes carefully the details of formation of groups, training of workers and psychiatric supervision.

In so far as the purpose of the project was the amelioriation of symptoms in behaviour disorders, one may consider it as a form of treatment, but the author himself points out that the children were at no time made aware of the fact that they were under treatment, nor was any attempt made directly to give them any insight. Rather it appears that we are dealing with a carefully supervised experience in group living carried out by case workers under psychiatric supervision.

Mr. Slavson defines the particular therapy employed in this study as ' activity group therapy ', which he states is limited as follows: ' Group therapy, as we employ the term, is treatment in which no discussion is initiated by the therapist; interpretation is given only in very rare instances and under specific conditions. Emotional reorientation comes from the very fact that the child experiences actual situations, lives and works with other children, comes into direct and meaningful interaction with others, and as a result modifies his feeling tones and habitual responses.'

He outlines what he considers the four cardinal needs of the children under treatment. These are: (1) security in unconditional love; (2) the need for status and success by meeting the creative and assertive needs of the children; (3) occupational interests; (4) acceptance by the group.

A weakness of this book is the author's tendency to a facile superficial type of psychodynamic explanation of the therapeutic results which are obtained. His theorizations go far beyond the present state of knowledge of group inter-relations and their effects upon the development of the individual personality. For instance, the author refers frequently to the concept of a ' group super-ego ', which he distinguishes from the ' infantile super-ego '. He says: ' That part of the super-ego acquired from the parent is derived largely through fear, while the super-ego derived from group life is of a more socializing nature.'

The book would have greater value if the presentation had been restricted more to the description of actual experiences and less to the theoretical ramifications.

David Beres.

A Practical Method of Self-Analysis. By E. Pickworth Farrow, with Foreword by the late Professor Sigmund Freud. (George Allen & Unwin Ltd., London, 1942. Pp. xv + 153. Price, 6*s*.)

The Preface states: ' This book contains a full and detailed account of how to follow a practical method of the psycho-analysis of one's own mind, with some results from early childhood obtained by pursuing it in the author's own case.' Chapter 3 summarizes the method adopted, which is similar to that used by Freud in interpreting his own dreams: i.e. the author substituted regular periods of note-making by ' free association ' for analytic sessions, writing down from moment to moment his *most fully conscious* thoughts. Persevering use of this method enabled him to recover from repression a number of early memories, with beneficial results to himself. It also convinced him of the validity of free association as a method of research and of the formative importance of infantile experience in later life.

There seems no reason to doubt that this method helped the author and that it might well help others, more especially persons whose mental constitution resembles his own, and many of the results achieved are of considerable interest. The practising analyst will notice two things in particular: the fact that the method is limited to the undoing

of repressions (vital though this be) and the hints afforded by the material recovered as to the sources of preference for self-analysis.

It appears that the author was unfortunate in that neither of his analysts seems to have recognized his urgent dread of passivity or to have interpreted his hostile transference in terms of anxiety, but it is possible that he would have found it very difficult to work with any analyst. The mere fact of being asked to lie on the couch must have been unconsciously terrifying in view of the scissors threat of castration, when 'Cousin —— forced him down on a couch' (p. 68). This ghastly experience and the episode recovered after about 450 hours (Chapter 6) suffice in themselves to warrant the author's insistence on the great harm that may be done by castration threats and the 'serious psychological dangers involved in giving an infant or small child too painful slaps or blows' (p. 127).

Marjorie Brierley.

Borderlands of Psychiatry. By Stanley Cobb. (Harvard University Press, Cambridge, Mass., 1943. Pp. 166. Price, $2.50.)

This series of essays on borderland neuro-psychiatric problems is highly recommended. Dr. Cobb estimates that there are about 700,000 patients in mental institutions, 3 to 5 million aments and dements in the community, and additional borderland patients—so that altogether there are 6 million neuro-psychiatric patients in the United States.

The volume is then devoted to several clear, short chapters on various subjects. The first, concerned with the Body and Mind problem, insists that the old dichotomies 'functional and organic, or mental and physical' are not only wrong, but tend to prolong obsolete ideas. Dr. Cobb insists that every symptom is *both* functional and organic. The second chapter is devoted to a discussion of the Parallel Evolution of Speech, Vision and Intellect. The comparative anatomy and psychology of these functions is discussed in terms of the learning process and the development of symbolic function correlated into language (euphasia) and learned skills (eupraxia). Dr. Cobb then goes on to discuss Speech and Language Defects on the basis of lesions at various levels of integration. Another chapter is concerned with the function of the Frontal Areas of the Human Brain, and contains a good summary of the newer experiences with Frontal Lobotomy.

Two excellent chapters are devoted to The Anatomical Bases of the Emotions and Psychosomatics. Here the functions of the thalamus and hypothalamus, the autonomic nervous system, smell and emotions, and the variety of emotional expression are discussed in view of newer knowledge in these fields. There is good evidence to show that the hypothalamus is not a 'centre of emotion' but a motor way station where emotional expression is integrated into muscular and glandular patterns. Other chapters integrate recent knowledge concerning Consciousness, Fits, and Psychoneuroses to present-day psychiatry.

The volume is a gem. It presents the meat of the problems briefly and clearly. Every medical student, practitioner, and certainly every neuro-psychiatrist should read this book.

S. Bernard Wortis.

A Handbook of Psychiatry. By P. M. Lichtenstein and S. M. Small. (W. W. Norton & Co., New York, 1943. Pp. 330. Price, $3.50.)

This is a helpful contribution to psychiatric literature—helpful, I believe, because it will serve to spread psychiatric knowledge in medico-legal circles. This is not to say at all that it is a medico-legal book, because it is not; but the fact that its senior author has been identified for years with forensic psychiatry may very well lead those in the field to a wider understanding and application of mental matters.

A treatise by a psychiatrist who specializes in the psychoses attracts those whose principal interests are in the psychoses. The same reasoning applies to those establishing a reputation in the psychoneuroses. Lichtenstein and Small's handbook, conventional in arrangement and context, should spread psychiatry further in the legal field. Its language is simple and direct.

The psycho-analyst will be disappointed with the brevity of psycho-analytical information, but, as I see it, the expansion of psycho-analytic concepts in relatively uninformed fields needs to be handled as it is in this book, namely, by a token offering.

Leland E. Hinsie.

Managing Your Mind: You Can Change Human Nature. By S. H. Kraines and E. S. Thetford. (The Macmillan Co., New York, 1943. Pp. 374. Price, $2.50.)

Clearly this book was not written just to prove that its authors could read and write. It represents an earnest attempt to publicize principles of mental hygiene. It serves to call attention to the fact of the psychological level of the body and to the possibility of that awareness influencing psychic action favourably. Containing many wise observations and instructive accounts, its wholesome intentions and truth-seeking tendencies are noticeable. Its range of subject-matter is intelligently inclusive. In organization it is eclectic. More than does the average mental hygiene book, it appropriates the contributions of psycho-analysis for its formation.

Happiness based upon health, meaning whole or sound, is cited as the human goal. The entire book is given over to the demonstration of the validity of the statement: *our emotional states as definitely determine the well-being of our bodies as they reflect it.* 'Management' of emotions is offered as being

rewarded by health and happiness. For attaining health and happiness is scored the importance of insight as to how emotions are translated into symptoms, and of the determination to make the necessary changes. What your reviewer senses as the book's uneven performance in its orientation around control is possibly its authors' way of making conscious necessity, the opposite of control.

The style of popularization often misleads. It can be that the authors do not imply that growth can be taught in their managing the material on 'objectivity' as follows: 'The only way to be objective is by being objective' (p. 220), and later 'By practice, by repeated effort, by persistent trial' (p. 221).

John Dorsey.

Revista de Psicoanálisis. Vol. 1, No. 1. (Juncal 655–1° B., Buenos Aires, 1943. Pp. 144.)

We have great pleasure in welcoming the appearance of the first psycho-analytical periodical to be published in the Spanish language: the official organ of the recently formed Argentine Psycho-Analytical Society, which has been provisionally accepted as a Branch Society of the International Association. This quarterly, of which the first number has lately reached us, is admirably and indeed, by our own war-time criteria, sumptuously produced—beautifully printed on excellent paper and with a number of illustrations, many of them in colour. The actual contents, moreover, give equal evidence of the high standards by which the editors seek to be judged. Of the four principal papers, two are original and two translations. Dr. Carcamo presents a well-documented discussion from the analytical standpoint of the religion of the Ancient Mexicans, with especial reference to the symbolism of the plumed serpent and the meaning of human sacrifice. Dr. Garma contributes a didactic account of Freud's theory of dreams, with a large quantity of fresh illustrative material. Of the translated papers, one is by Dr. Alexander upon the psychological aspects of medicine, while the other is a chapter from Mrs. Klein's book upon child analysis. The issue is completed by a number of reviews and abstracts. There can be no question that this new psycho-analytical venture in the wide and almost unexplored field of Spanish America has made a most promising start. It should be added that the annual subscription rate (outside Argentina) is $15 m/n.

J. S.

Catalogue of Lewis's Medical, Scientific and Technical Lending Library. (New Edition.) (H. K. Lewis & Co. Ltd., London, 1944. Pp. 928. Price, 25*s.*; to Subscribers, 12*s.* 6*d.*)

English readers need no reminder of the usefulness of Messrs. Lewis's library; but if they did, this catalogue would provide a most effective one. It falls into two halves: an authors' catalogue and a subject-index. The latter shows that psycho-analysts are especially well served by the library. For it covers not only the many departments of psychology and psychological medicine, but also such neighbouring provinces as anthropology and ethnology, education and philosophy. Thus the catalogue in itself will be found valuable as a reference-book even by those who do not use the library. The present edition is revised to the end of 1943.

J. S.

PUBLICATIONS RECEIVED

[*Appearance in this list does not preclude subsequent notice.*]

A. BOOKS

An Introduction to Child Guidance. By W. Mary Burbury, Edna M. Balint and Bridget J. Yapp. (London: Macmillan & Co. Ltd., 1945. Pp. viii + 200. Price, 7*s.* 6*d.*)

An Introduction to Physical Methods of Treatment in Psychiatry. By William Sargant and Eliot Slater. (Edinburgh: E. & S. Livingstone Ltd., 1944. Pp. xii + 171. Price, 8*s.* 6*d.*)

A Text-Book of Psychiatry for Students and Practitioners. By D. K. Henderson and R. D. Gillespie. (Sixth Edition.) (London: Oxford University Press, 1944. Pp. xii + 719. Price, 25*s.*)

Doll Play of Pilagá Indian Children. By Jules and Zuria Henry. (New York: Orthopsychiatric Association, Inc., 1944. Pp. xiii + 133. Price, $3.00.)

Fear in Battle. By John Dollard with the assistance of Donald Horton. (Washington: The Infantry Journal, 1944. Pp. vii + 64.)

From Gods to Dictators. By Pryns Hopkins. (Pasadena, Calif.: 1375 S. Oak Knoll Avenue 1944. Pp. 168. Price, $1.65.)

Infants without Families. By Dorothy Burlingham and Anna Freud. (London: George Allen & Unwin Ltd., 1943. Pp. 108. Price, 3*s.* 6*d.*)

Invisible Anatomy: a Study of Nerves, Hysteria and Sex. By E. Graham Howe. (London: Faber & Faber, 1944. Pp. 333. Price, 10*s.* 6*d.*)

Large Scale Rorschach Techniques. By M. R. Harrower-Erickson and M. E. Steiner. (Springfield, Ill.: Charles C. Thomas; London: Baillière, Tindall & Cox, 1945. Pp. xi × 419. Price, $8.50.)

The Lady of the Hare: being a Study in the Healing Power of Dreams. By John Layard. (London: Faber & Faber, 1944. Pp. 277. Price 12*s.* 6*d.*)

B. PERIODICALS

Archives of Neurology and Psychiatry (Chicago).
Arquivos da Polícia (São Paulo).
British Medical Journal (London).
Bulletin of the Menninger Clinic (Topeka).
Indian Journal of Psychology (Calcutta).
Man (London).
Medical Press and Circular (London).
Medical Record (New York).
Mental Hygiene (New York).
Neurobiologia (Pernambuco).
Psychiatry (Washington).
Psychological Abstracts (Lancaster, Pa.).
Revista de Neurologia e Psiquiatria (São Paulo).
Revista de Neuro-Psiquiatria (Lima).
The Australasian Journal of Psychology and Philosophy (Sydney).
The Journal of the American Medical Association (Chicago).
The Psychoanalytic Quarterly (New York).
The Psychoanalytic Review (New York).

OBITUARY

OWEN BERKELEY HILL
1879—1944

The news of Colonel Berkeley Hill's (I.M.S.) death in July at Ranchi, India, signifies to the present writer the close of a friendship of more than forty years' standing. All friends of Berkeley Hill were appreciative of his racy and vivid personality, his always enlivening companionship and his deep sense of loyalty.

Berkeley Hill was educated at Rugby and Oxford, and followed his father, who was a well-known member of the surgical staff there, to University College Hospital. He entered the Indian Medical Service in 1907, and on retiring from it in 1934 elected to spend the rest of his life at Ranchi where he had occupied the post of Superintendent of the European Asylum—the most prominent psychiatric position in India—for twelve years. He was one of the first Englishmen whose interest I had aroused in psycho-analysis, about the same time as the late Dr. Eder. He became a member of the American Psycho-Analytical Association, which I had recently founded, in 1911, and in 1913 was one of the foundation members of the British Psycho-Analytical Society. When the Indian Psycho-Analytical Society was founded, partly by him, he again transferred his membership and it was in that Society that his activities were most manifest.

Berkeley Hill's scientific writings, the number of which was restricted by his vast administrative activities, were published in 1933 in a volume entitled *Collected Papers*. The chief ones of psycho-analytical interest were devoted to Indian sociological problems, the significance of the colour question, of the Hindu-Muslim feud, etc., and among them was an interesting analysis of the personality of Mahomet.

Berkeley Hill left a widow and four children; one son lost his life at Malta in the Royal Air Force two years ago.

E. J.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
ANNA FREUD, GENERAL SECRETARY

*** It is not possible at present to publish complete sets of reports from the various Branch Societies. These continue to arrive irregularly and often after a considerable lapse of time. The following have been received up to date. Since publication has had to be delayed for a considerable time, the accumulated material has had to be condensed in some instances to make publication possible in view of shortage of space and paper.

I. *CLINICAL ESSAY PRIZE*

Members and Associate Members of the International Psycho-Analytical Association are reminded that competitors for the Clinical Essay Prize must send in their work to the Hon. Secretary of the Institute of Psycho-Analysis, 96 Gloucester Place, London, W.1, by March 31, 1946.

The conditions governing the competition are the following.

A prize not exceeding £20 is offered.

Requirements for the Essay

The essay shall consist of a clinical record of a case investigated by psycho-analytical methods. It should clearly illustrate the events and changes in the mental life of the patient and their relation to external environment. In awarding the prize, the Judges will pay attention to acuity of observation and the clearness with which the facts are stated. If the writer wishes to draw theoretical

conclusions, he must bear in mind the necessity of making the evidence for such conclusions carry conviction. It is recommended that the length of the essay should not exceed twenty thousand words.

Date of Sending in Essays; Language; Format, etc.

Essays must be submitted on or before the thirty-first day of March in any year, in the English language. They must be typescript on quarto paper with ample left-hand margin. They must be in triplicate and be sent to the Hon. Secretary of the Institute. All copies of essays submitted become *ipso facto* the property of the Institute (or its successor) while it has the appointment of the Trustees.

No Award

If no essay is submitted of merit worthy of a prize in any year, no award shall be made for the year.

Joint Award

In the event of the Judges regarding the essays of two or more competitors of equal merit, they may divide the prize-money available for distribution as aforesaid into equal parts and award it to such competitors jointly.

Eligibility

Any person of either sex, who is not a member or a past member of the Board of the Institute, shall be eligible for the competition.

Tenure

The prize shall be given to the writer of the best essay in the opinion of the Judges submitted in any year, but the prize may be awarded to the same person twice, provided that he submits a second essay of sufficient merit in a later competition, and that the prize shall not be awarded more than twice to the same person.

Title

The competitor to whom the prize is awarded in any year may be called the Clinical Prizeman for that year.

Copyright

The copyright of any essay to which a prize is awarded shall become the property of the Institute. Should the author wish to quote it in whole or in part, the Institute shall not unreasonably withhold its consent. The Institute shall not publish such essay in whole or in part in English or in translation in England or abroad without the author's written consent during his life-time. Other persons who may wish to quote extracts from any prize essay shall obtain the written consent of the Institute or its successor, and of the author given during his life-time.

R. D. Usher,
Hon. Secretary,
Institute of Psycho-Analysis.

II. *REPORTS OF PROCEEDINGS OF SOCIETIES*

AMERICAN PSYCHOANALYTIC ASSOCIATION

1943

May 9 to 12. Dr. J. M. Dorsey: 'Psychic Reality.'

Dr. R. Fliess: 'The Symbolic Equation.'

Dr. E. Lewy: 'On Micropsia.'

Dr. F. Deutsch: 'Civilian War Neuroses.'

Dr. C. P. Oberndorf: 'Considerations of Results with Psychoanalysis.'

Dr. R. Sterba: 'The Formative Activity of the Analyst.'

Dr. F. Fromm-Reichmann: 'Modified Psychoanalytic Methods in Psychotherapy of Schizophrenia.'

Dr. P. Federn: 'A Dream in General Anæsthesia.'

Dr. I. Hendrick: 'Instinct and the Ego During Infancy.'

Dr. C. M. Herold: 'Pleasure Principle and Drive Theory in Reference to Psychophysiology.'

Dr. E. Sterba: 'Interpretation and Education.'

Dr. J. Masserman: 'The Psychodynamics of War-Time Communications and Morale.'

Symposium: 'Present Trends in Psychoanalytic Theory and Practice.' Drs. L. B. Hill, L. Blitzsten, G. E. Daniels, O. Fenichel, H. Hartmann, K. A. Menninger, G. J. Mohr, F. Fromm-Reichmann, W. V. Silverberg, R. Waelder, G. Zilboorg and others.

Joint Session with the Section on Psychoanalysis of the American Psychiatric Association:

Dr. S. Lorand: 'Psychoanalytic Investigation of Reaction to the War Crisis of Candidates for Induction.'

Dr. R. A. Spitz: 'Prophylaxis vs. Treatment in Traumatic Neuroses.'

Dr. E. V. Weigert: 'Masculine Defences of Women in War-Time.'

Joint Session with the Section on Psychoanalysis of the American Psychiatric Association:

Drs. M. M. Gill and M. Brenman: 'Treatment of a Case of Anxiety Hysteria by an Hypnotic Technique, Employing Psychoanalytic Principles.'

Dr. E. A. Strecker: 'Psychoanalytic Perspectives.'

Dr. G. Zilboorg: 'The Fear of Death in War and Peace, at Home and in the Field.'

BOSTON PSYCHOANALYTIC SOCIETY

1941

October 8. Dr. E. Bibring: 'Concept of the Repetition Compulsion.'

November 12. Dr. H. Deutsch: 'Some Con-

siderations of the Psychological Phenomena Associated with Operations.'

December 11. Dr. E. Hitschmann: 'Psychoanalytic Characterology.' Dr. G. B. Wilbur: 'Some Problems Presented by an Egyptian Biography.'

1942

February 11. Mrs. B. Rank: 'Child Psychoanalysis.'

March 11. Dr. F. Deutsch: 'Psychosomatic Aspects of Dermatology with Special Consideration of Allergic Phenomena.'

April 8. Dr. J. M. Murray: 'Instinctual Conflicts and Therapeutic Response.'

December 9. Dr. F. Deutsch: 'Automatic Drawing.'

1943

January 13. Dr. H. Deutsch: 'Pre-adolescence in Girls.'

February 10. Drs. E. Bibring, J. Finesinger, F. Deutsch: 'War Neuroses.'

CHICAGO PSYCHOANALYTIC SOCIETY

1941

October 10. Dr. Edoardo Weiss: 'Projection and Choice of the Object.'

October 24. Dr. J. H. Masserman: 'The Psychodynamics of Experimental Neuroses.'

November 8. Dr. E. Sylvester: 'Analysis of Psychogenic Anorexia and Vomiting in a Four-year-old Child.'

December 6. Dr. M. Levine: 'Excerpts from a Book of Psychotherapy for the General Practitioner.'

1942

January 24. Dr. Norman A. Levy: 'Psychological Observations in Affective Psychoses Treated with Combined Convulsive Shock and Psychotherapy.'

February 28. Dr. L. Bollmeier: 'The Differential Diagnosis of Emotional Glycosuria from Diabetes Mellitus.' Dr. A. Meyer: 'The Analysis of Two Cases of Diabetes Mellitus.'

March 14. Dr. S. A. Szurek: 'Collaborative Psychiatric Treatment of Parent-Child Problems' by Drs. Szurek, Johnson and Falstein.

March 29. Dr. L. H. Bartemeier: 'Introduction to Psychotherapy.'

June 5. Dr. F. Alexander read a chapter of his book *Our Age of Unreason* entitled 'Philosophy of Violence'.

October 2. Dr. Edoardo Weiss: 'Attitude of the Analyst toward Different External Problems of the Patient.'

November 6. Dr. E. Geleerd: 'A Case of Compulsive Masturbation in a Child', An Analysis supervised by Anna Freud.

1943

January 23. Dr. H. Hartmann: 'Psychoanalysis and the Problem of Rational Behaviour.'

February 6. Dr. Max Bettelheim: 'Individual and Mass Behaviour in an Extreme Situation.'

March 20. Dr. J. Masserman: 'Psychodynamics of Wartime Communications and Morale.'

April 23. Drs. Adelaide Johnson and Dora Fishback: 'Collaborative Psychoanalysis of a Very Disturbed Adolescent Girl and her Mother.'

June 11. Dr. Edoardo Weiss: 'Clinical Aspects of Depression.'

June 25. Dr. Minna Emch: 'On the Need to Know.'

DETROIT PSYCHOANALYTIC SOCIETY

1941

September 26. Special Meeting. Dr. Hanns Sachs: 'Fantasy and Fiction.'

September 27. Special Meeting. Dr. Hanns Sachs: 'Fiction and Life.'

October 29. Dr. C. Happel: 'Poincaré and Freud.'

November 15. Special Meeting. Dr. F. Alexander: 'Culture and Personal Environment.'

December 17. Dr. R. Sterba: 'A Telepathic Phenomenon in Psychoanalysis.'

1942

January 21. Dr. Fritz Redl: 'The Conception of Morale.'

February 4. Dr. J. M. Dorsey: 'The Organicity of the Idea.'

February 26. Dr. H. E. August: 'Folie à Deux.'

February 27. Dr. J. C. Moloney: 'The Aztek Indian and the Greek Horse.'

March 16. Dr. C. Happel: 'The Man in the Sewer.'

April 12. Dr. R. Sterba: 'The Meaning of Christmas.'

June 28. Dr. L. H. Bartemeier: 'An Example of the Vicissitudes of an Instinct.'

September 11. Dr. G. Zilboorg: 'Murder and Justice.'

October 18. Dr. L. H. Bartemeier: 'Psychiatric Examination of a Military Prisoner.'

NEW YORK PSYCHOANALYTIC SOCIETY

1941

October 14. Dr. H. Staub: 'A Runaway from Home.'

October 28. Dr. G. Bychowski: 'After the Death of a Dictator.' Dr. A. A. Brill: 'Universality of Symbols.'

November 11. Dr. E. Jacobson: 'The Œdipus Conflict in Manic-Depressive Cases.'

November 25. Dr. E. Hayward: 'Female Castration Reactions.'

December 9. Dr. C. Davison: 'Domination of Castration Fear in the Choice of a Love Object with a Deformed Foot.' Dr. E. Kronold: 'Some Observations on Acting-out Patients.'

December 16. Dr. F. Wittels: 'Analysis of a Homosexual Mystic.'

1942

January 13. Dr. M. Huschka: 'The Child's Response to Coercive Bowel Training.' Dr. W. Needles: 'Stigmatization Occurring in the Course of Psychoanalysis.'

January 27. Dr. E. Bergler: 'A Clinical Approach to Psychoanalysis of Writers.'

February 10. Dr. M. Schatner: 'Pre-Œdipal Determination in the Choice of a Love Object.' Dr. L. Stone: 'Fundamental Transference Phenomena in a Neurosis with Gastric Symptoms.'

February 24. Dr. S. Keiser: 'Fear of Positive Transference.' Dr. R. de Saussure: 'The Problems of Transference in the Old Practice of Magnetism.'

March 10. Dr. G. Frumkes: 'A Depression which Recurred Yearly.' Dr. H. Loewenfeld: 'Some Aspects of a Case of Compulsion Neurosis in a Changing Civilization.'

March 24. Dr. R. A. Spitz: 'Neurophysiological Background of Psychiatric Conditions.'

April 14. Dr. P. Glauber: 'Recurrent Transference Crisis During an Analysis.' Dr. P. Goolker: 'Problems in Feminine Adjustment: Case Study.'

April 28. Dr. E. Hitschmann: 'Psychoanalytic Characterology.'

May 26. Dr. C. P. Oberndorf: 'Consideration of Results with Psychoanalytic Therapy.'

June 16. Dr. G. Roheim: 'Totemic Myth and Ritual in Australia.'

October 27. Dr. R. Fliess: 'Typology of Regressive Language: The Psychoanalysis of Punctuation.'

November 24. Dr. F. Wittels: 'Collective Defence Mechanisms against Homophilia.'

December 22. Dr. E. Bergler: 'Eight Prerequisites for the Treatment of Homosexuality.'

1943

January 26. Dr. F. Fromm-Reichmann: 'Psychotherapy of Psychotics.'

February 23. Dr. G. Zilboorg: 'Masculine and Feminine: Some Biological and Cultural Aspects.'

March 30. Dr. G. Roheim: 'The Meaning of Magic.'

April 27. Dr. E. Jacobson: 'The Effect of Disappointment on Ego and Super-Ego Formation in Normal and Depressive Development.'

May 18. Dr. G. Bychowski: 'Some Aspects of Shock Therapy: the Structure of Psychosis.'

June 22. Dr. I. Matte Blanco: 'Approach to the Problem of Spatial Extension in the Mind.'

PHILADELPHIA PSYCHOANALYTIC SOCIETY

1941

October 1. Dr. L. B. Hill (Baltimore): 'What is Human Behaviour?'

November 19. Dr. R. L. Frank (New York): 'Some Problems Arising out of the Psychosexual Development of the Child.'

1942

February 17. Dr. S. Lorand (New York): 'General Psychotherapy of Traumatic Neuroses.'

February 18. Dr. Joseph Hughes (Philadelphia): 'Recent Scientific Advances in our Knowledge of Brain Activity.'

March 4. Dr. G. W. Smeltz: 'Instinctual Drives, Sublimation and Reaction Formation.'

March 8. Mr. E. N. Bacon (Philadelphia): 'Current Housing Policy as an Illustration of Morale.'

April 1. Dr. A. Kardiner (New York): 'War Neuroses.'

April 10. Joint meeting with the Philadelphia Psychiatric Society:

Dr. L. M. A. Maeder: 'The Relations of Psychoanalysis to Psychiatry.' Dr. G. H. J. Pearson: 'The Reactions of People to the War.' Dr. O. S. English: 'Ideation and Trends Encountered in Psychotherapeutic Treatment of Manic-Depressive Psychosis.' Dr. P. Sloane (Philadelphia): 'Incest and its Effect upon the Participants.'

October 20. Dr. E. Kris (New York): 'Morale.'

November 17. Dr. M. A. Ribble (New York): 'Recent Studies on the Reactions of Infants.'

1943

January 19. Dr. F. Dunbar (New York): 'Disordered Action of the Heart.'

February 23. Dr. E. Liss (New York): 'The Child Who Cannot Learn.'

March 16. Dr. G. W. Smeltz: 'What is a Psychogenic Symptom?'

April 20. Dr. T. M. French (Chicago): 'The Psychology of the Allergies.'

June 7. Dr. P. Holmer (Reading): 'Analysis of a Case of Inverted Œdipus with Homosexual and Hysterical Manifestations.'

SAN FRANCISCO PSYCHOANALYTIC SOCIETY

(Founded in March, 1942)

1942

April 25–26. First annual meeting. Dr. B. Berliner: 'The Concept of Masochism.' Dr. D. Macfarlane: 'Aggressivity in Arthritis.' Dr. R. Greenson: 'A Contribution to the Study of Epileptic Phenomena.' Dr. M. Sanford: 'A Contribution to the Study of the Adult Criminal.' Mr. E. Erikson: 'Remarks on Hitler's *Mein Kampf*.' Round Table Discussion on 'Acting Out': Drs. Berliner, Fenichel, Bernfeld, Kasanin, Windholz, Mrs. Hanna Fenichel, Dr. Simmel, and others.

November 4. Dr. J. Kasanin: 'Army vs. OPA —or Unconscious Forces Influencing the Choice of Military Service.'

November 30. Dr. E. Simmel: 'War Neuroses and Mental Conflict.'

1943

January 4. Dr. Nevitt Sanford: 'Analysis of Student Attitudes toward the War before Pearl Harbour.'

February 1. Dr. S. Bernfeld: 'Review of Erich Fromm's *Escape from Freedom*.'

March 1. Mr. E. Erikson: 'Continuation of the Review of Erich Fromm's *Escape from Freedom*.'

April 5. Dr. Anna Maenchen: 'Analysis of a Child.'

April 25–26. Semi-annual meeting. Dr. S. Bernfeld: 'Early Psychosomatic Theories of Freud.' Dr. E. Simmel: 'Self-Preservation and Death Instinct.' Dr. M. Romm: 'Aggression in Fetishism.' Dr. O. Fenichel: 'Theory and Therapy of Neuroses.' Symposium on 'The Clinical and Therapeutic Aspects of "Acting Out"': Drs. E. Windholz, D. Macfarlane, Mrs. O. Fenichel, Dr. E. Simmel, and others.—'War and Psychoanalysis': Dr. J. Kasanin: 'The Acceleration of Psychoanalysis through the Mediation of War.' Capt. J. C. Solomon: 'Observations on Emotional Reactions to Battle Situations.' Dr. E. Simmel: 'Reflections on Soldiers' Morale and Military Discipline.'

May 17. Dr. B. Berliner: 'A Review of the Proceedings of the Brief Psychotherapy Council Held in Chicago.'

June 7. Dr. D. Macfarlane: 'A Case of Sleep Walking.'

October 4. Dr. E. Windholz: 'Treatment of Acting Out in a Case of Alcoholism.'

October 23–24. Semi-annual meeting. Capt. Joseph Biernoff: 'Psychiatric Notes from an American Station Hospital in Australia.' Lt. Comm. E. C. Moloney: (Subject matter not communicated).

'Impact of the War on the Personality of the Civilian': Dr. J. Kasanin: 'Neuroses of War Wives.' Dr. R. N. Sanford: 'Optimistic and Pessimistic Attitudes towards the War and the Peace.' Hon. E. R. Brand, Judge of the Superior Court of Los Angeles (by invitation): 'War and Crime.' Mrs. S. A. Bernfeld: 'Patriotism of Prison Inmates.' Dr. S. Bernfeld: 'Psychology of Witnesses in Rioting and Lynching.' Dr. A. Maenchen: 'Super-Ego Development in War Time.' Dr. E. Simmel: 'Remarks on War and Mental Hygiene.'

Dr. M. H. Finley: 'Blood Pressure and Its Relation to Masochism and Suicide.' Dr. M. E. Romm: 'Aggression in Fetishism.' Dr. O. Fenichel: 'The Manic-Depressive Mental Disorders.' Dr. D. A. Macfarlane: 'The Psychoanalyst's Personal Attitude in Relation to the Phenomenon of "Acting Out".'

November 1. Dr. D. Macfarlane: 'Review of Sheldon's Two Books on Varieties of Physique and Temperament.'

TOPEKA PSYCHOANALYTIC SOCIETY

1941

September 27. Dr. S. Allen: 'Report on a Short Analysis of an Anxiety Hysteric.'

November 1. Dr. J. F. Brown: 'A Critique of the Concept of Repression from the Standpoint of Field-Theory.'

December 6. Dr. R. P. Knight: 'The Psychoanalytic Treatment of a Case of War Neurosis.'

1942

January 31. Dr. M. Gitelson (Chicago, by invitation): 'Intellectuality and the Defense Transference.'

February 28. Drs. E. Lewy and D. Rapaport: 'The Psychoanalytic Conception of Memory and its Relation to Recent Memory Theories.'

March 28. Dr. T. M. French (Chicago, by invitation): 'Ego Analysis as a Guide to Therapy.'

March 29. Dr. T. M. French (Chicago, by invitation): 'Physiological Inferences from Psychological Material.'

April 18. Dr. L. H. Bartemeier (Detroit, by invitation): 'Introduction to Psychotherapy.'

June 20. Dr. C. Tillman: 'A Psychoanalytic Study of a Military Reservist.'

September 26. Dr. K. A. Menninger: 'A Proposed Revision of the Theory of Sublimation.'

October 24. Dr. O. S. English (Philadelphia, by invitation): 'The Observation of Emotional and Ideational Trends in Manic-Depressive Psychosis.'

November 21. Dr. H. M. Galbraith: 'A Case Showing Psychosomatic Relationships between Acne and Leucorrhœa.'

December 12. Dr. Margaret Mead (Washington, D.C., by invitation): 'Attitudes toward Food and Wartime Food Problems.'

1943

January 23. Dr. S. Allen: 'A Reaction to an Interpretation of Competition.' Dr. E. R. Geleerd: 'The Acting Out of a Fantasy.'

February 27. Dr. L. S. Kubie (New York City, by invitation): 'The Use of Hypnagogic States in the Course of Psychoanalytic Treatment.'

March 27. Dr. E. Lewy: 'On Micropsia.'

June 5. Dr. G. Gerö (Tucson, Arizona, by invitation): 'The Idea of Psychogenesis in Modern Psychiatry and in Psychoanalysis.'

September 17. Dr. G. Zilboorg (New York City, by invitation): 'Psychoanalysis and Problems of Religion.'

October 30. Drs. M. Brenman and R. P. Knight: 'Hypnotherapy of the Aged: Case Report of an Hysterical Psychosis in a 71-Year-Old Woman.'

November 27. Dr. R. P. Knight: 'The Application of Psychoanalytic Principles to the Understanding and Successful Psychiatric Treatment of an Acute Psychotic Episode.'

December 27. Dr. E. Simmel (Los Angeles, by invitation): 'Self Preservation and the Death Instinct.'

WASHINGTON-BALTIMORE PSYCHOANALYTIC SOCIETY

1941

October 11. Dr. Gregory Batson: 'Character

and Culture Illustrated by Moving Pictures of the Native Behaviour of a New Guinea Tribe Contrasted with Bali.'

November 8. Dr. A. Kardiner: 'Social Determinants of Culture.'

December 13. Dr. L. H. Bartemeier: 'Introduction to Psychotherapy.'

1942

January 10. Dr. E. Weigert: 'Dissenting Psychotherapeutic Schools in the Early History of Psychoanalysis.'

February 14. Dr. J. M. Murray: 'Instinctual Conflicts and Therapeutic Response.'

March 14. Dr. L. M. A. Maeder: 'Clinical Criteria of Normal and Abnormal Behaviour: a Problem of Psychoanalytic Technique.'

April 11. Dr. C. Thompson: 'Cultural Pressures in the Psychology of Women.'

May 9. Dr. H. B. Levey: 'The Contemplation of Beauty as a Mode of Defense against Anxiety.'

October 10. Dr. H. S. Sullivan: 'Possibilities of Brief Psychotherapy.'

December 12. Dr. A. B. Greig: 'Defense Mechanisms in the Adolescent.' Dr. L. B. Hill: 'Defense Mechanisms in the Adult.'

1943

February 13. Dr. S. Barkoff: 'Passivity as an Active Defense.' Lt.-Commander J. C. Moloney: 'The Aztek Indian and the Greek Horse.'

April 10. Dr. G. Baker: 'Psychoanalytic Psychiatry and the Merchant Marine.' Dr. M. Dunn: 'Some Aspects of Infantile Dependence.' Dr. E. G. Dyar: 'The Treatment of an Obsessional Personality with Acute Psychotic Illness.'

ARGENTINE PSYCHO-ANALYTICAL SOCIETY

(The Argentine Psycho-Analytical Society was founded in April, 1943 by Dr. Angel Garma in Buenos Ayres and was granted affiliation to the International Psycho-Analytical Association. The Society decided to publish a quarterly psychoanalytical review, which has since appeared under the title 'Revista de Psicoanálisis', and has started the publication of a psycho-analytical library in the Spanish language.)

1943

At the first meeting of the Society Dr. Angel Garma read a paper: 'The Genesis of Reality Sense.'

June 10. Dr. Celes Ernesto Carcamo: 'Impotence and Actual Neurosis.'

July 1. Dr. E. Pichon Rivière: 'Contribution to the Psycho-Analytical Theory of Schizophrenia'

July 22. Dr. Arnaldo Rascovsky: 'Psychosomatic Considerations on the Sexual Development of the Child.'

August 12. Dr. Marie Langer: 'Analysis of a Case of Female Homosexuality.'

1944

March 24. Dr. Luis Rascovsky: 'Psychoanalysis of an Obsessional Neurosis.'

May 12. Arminda A. de Pichon Rivière: 'Analysis of an Eleven-Year-Old Employing Melanie Klein's Play Technique.'

July 28. Dr. Marie Langer: 'Some Contributions to the Psychology of Menstruation.'

BRITISH PSYCHO-ANALYTICAL SOCIETY

1942

October 7. Dr. Rudolf Freudenberg (by invitation): 'Observations on Shock Therapy in the Psychoses.'

October 21. Discussion on report of the Committee elected to arrange the scientific discussion of theoretical differences in the Society.

November 4. Dr. Melitta Schmideberg: 'The Analysis of Delinquents: II. Thieves.'

November 18. Mrs. Hedwig Hoffer: 'Observations on an Abnormal Type of Personality.'

December 16. Miss E. Sharpe: 'Cautionary Tales.'

1943

January 27. Discussion on Dr. S. Isaacs' paper 'The Nature and Function of Phantasy' (paper not read at the meeting but circulated by post): Commentary by Dr. S. Isaacs; contributions by Drs. E. Jones, E. Glover, Miss Anna Freud, Drs. M. Brierley, S. M. Payne, Mrs. D. Burlingham, Miss Sharpe, Dr. M. Schmideberg, Mrs. H. Hoffer, Drs. K. Friedlander, M. Balint, B. Lantos, W. C. M. Scott.

February 17. Continuation of discussion on Dr. S. Isaacs' paper 'The Nature and Function of Phantasy': Contributions by Drs. W R. D. Fairbairn, A. Stephen, S. H. Foulkes, K. Stephen; reply by Dr. Isaacs.

March 3. Dr. Elizabeth Rosenberg: 'A Clinical Contribution to the Psychopathology of the War Neuroses.'

March 17. Continuation of discussion on Dr. S. Isaacs' paper 'The Nature and Function of Phantasy': Contributions by Dr. P. Heimann, Miss B. Low, Drs. M. Schmideberg, E. Glover, M. Brierley, Miss E. Sharpe, Drs. K. Friedlander, B. Lantos.

April 7. Continuation of discussion on Dr. S. Isaacs' paper 'The Nature and Function of Phantasy': Contributions by Miss Anna Freud, Mrs. H. Hoffer, Drs. A. Stephen, S. H. Foulkes, E. Glover.

May 5. Miss Anna Freud: 'On the Early Social Behaviour of Infants: a Preliminary Report on Some Observations.'

May 19. Continuation of discussion on Dr. S. Isaacs' paper 'The Nature and Function of Phantasy': Contributions by Drs. S. Isaacs, M. Brierley.

October 20. Dr. P. Heimann: 'Some Aspects of the Rôle of Introjection and Projection in Early

Development.' Contributions to discussion on this paper by Drs. M. Brierley, K. Friedlander, S.M. Payne, Mrs. H. Hoffer, Drs. S. Isaacs, E. Glover.

November 17. Continuation of discussion on Dr. P. Heimann's paper 'Some Aspects of the Rôle of Introjection and Projection in Early Development': Contributions by Miss E. Sharpe, Dr. P. Heimann.

1944

January 19. Dr. M. Brierley: 'Theory, Practice and Public Relations.'

February 16. Continuation of discussion on Dr. P. Heimann's and Dr. S. Isaacs' paper on 'Regression' (paper and first part of discussion not read at the meeting but circulated by post): Contributions by Dr. S. M. Payne and others.

March 1. Discussion on Mrs. M. Klein's paper 'The Emotional Life of the Infant' (paper circulated by post): Contributions by Dr. S. M. Payne, Miss E. Sharpe, Drs. M. Brierley, P. Heimann.

March 15. Symposium on 'The Psycho-Analytic Contribution to the Theory of Shock Therapy', opened by Dr. D. W. Winnicott: Contributions by Dr. H. A. Thorner, Miss H. Sheehan-Dare, Drs. W. C. M. Scott and D. W. Winnicott.

May 3. Continuation of discussion on Mrs. M. Klein's paper 'The Emotional Life of the Infant'. Reply to discussion by Mrs. M. Klein.

May 17. Dr. D. N. Hardcastle: 'Some Notes on Traumatic Neurosis and Allied Conditions.'

June 7. Dr. R. D. Usher: 'A Case of Stammering.'

June 21. Mrs. M. Milner: 'Some Problems in Presenting Material from a Child Analysis.'

PALESTINE PSYCHO-ANALYTICAL SOCIETY (CHEWRA PSYCHOANALYTITH B'EREZ-ISRAEL)

1939

October 7. Dr. Max Eitingon: 'To the Memory of Freud.'

November 4. Dr. S. Rothschild: 'On Excessive Tendency to Identification and its Consequences in Sexual Development.'

December 16. Dr. A. Isserlin: 'A Study of the Suffragettes.'

1940

January 13. Dr. M. Woolf: 'An Unusual Case of Homosexuality.'

February 24. Dr. M. Woolf: 'Some Aspects of a Case of Exhibitionism.'

April 6. Dr. D. Dreyfuss: 'From the Psycho-Analytical Treatment of a Case of Schizophrenia.'

May 18. Dr. G. Barag: 'On Pseudologia Phantastica.'

June 15. Dr. Max Eitingon: 'Report on an American Symposium of Psycho-Analytical Psychologists.'

July 27. Dr. M. Stern: 'A Compulsion Neurosis with Urethral Symptoms.'

November 16. Dr. Max Eitingon: 'Ernest Jones—Obituary of Freud.'

December 21. Dr. B. Gruenspann: 'A Case of Erythrophobia.'

1941

February 1. Dr. J. Friedjung: 'Psycho-Analytical Aid to the Education of the Youth-Aliah.'

March 15. Cand. phil. S. Nagler (by invitation): 'Research in Children's Games, its Methods and Results.'

May 3. Dr. E. Gumbel: 'On Reik's New Book *Aus Leiden Freuden*.'

November 15. Dr. M. Woolf: 'Revolution and Instinctual Life.'

December 27. Cand. phil. S. Nagler (by invitation): 'Psycho-Analytical and Educational Study of Neglected Children.'

1942

January 24. Dr. (Mrs.) Barag: 'A Case of Kleptomania.'

March 28. Discussion on Fritz Wittels' 'Die Stellung der Psychopathen innerhalb des psychoanalytischen Systems' ('The Position of Psychopathological Personalities within the Psycho-Analytical System').

May 16. Dr. Max Eitingon: 'Anniversary of Freud's Birthday.' Dr. Ellen Simon: 'Psycho-Analytical Notes on the Ideology of Nazism.'

June 13. Prof. M. Pappenheim: 'Psycho-Analysis and Medical Practice.'

June 27. Major Prince Peter of Greece (by invitation): 'Notes on Polyandry.'

July 25. Dr. H. Kaiser (by invitation): Psycho-Analysis of Obstinacy.'

October 20. Dr. Ellen Simon: 'Three Case Histories.'

1943

January 16. Dr. Max Stern: 'The Myth of Cain.'

March 20. Dr. G. Barag: 'On Jewish Monotheism.'

May 29. Dr. Max Eitingon: 'Fifty Years of Psycho-Analysis.' Dr. A. Isserlin: 'On Depression.'

1944

January 15. Dr. M. Woolf: 'Choice of an Object and Fetishism in an Infant.'

February 25. Dr. Ellen Simon: 'Analysis of a Narcissistic Character.'

March 25. Dr. S. Golan: 'The Spiritual Development of a Child.'

April 22. Mrs. A. Weiss-Stadthagen: 'Psycho-Analysis of a Child.'

May 20. Dr. M. Woolf: 'On the Occasion of the 88th Anniversary of Freud's Birthday.' Dr. D. Dreyfuss: 'On the Subject of Traumatic and War Neurosis.'

June 24. Dr. Friedmann (by invitation): 'The Szondi Test.'

On June 26th, 1941, a publication dedicated to

Dr. Max Eitingon on the occasion of his 60th birthday was presented to him, to which the following members and friends contributed: Dr. Margarete Brandt, Dr. Erich Gumbel, Dr. Daniel Dreyfuss, Mr. Albert Nacht, Miss Henrietta Szold, Dr. Ilja Schalit, Dr. Anna Smeliansky, Mr. Arnold Zweig.

On June 13, 1942, a special meeting was held in which some representatives of the Hebrew University in Jerusalem took part. At this meeting the possibility of establishing a Chair of Psycho-Analysis at the Jerusalem University was discussed. Introductory papers were read by Dr. Max Eitingon, Prof. Feigenbaum, Prof. Fodor, Prof. M. Pappenheim.

On June 30, 1943, the Founder and President of our Society died. On August 28, 1943, a solemn meeting was held in memory of our late President, in which numerous representatives of medical, scientific and intellectual circles took part. Dr. Eitingon's death was marked by numerous articles in the Press. The passing away of Dr. Max Eitingon caused an irreparable loss to our Society as well as to the whole psycho-analytical movement in the country.

On November 13, 1943, on the occasion of the first General Meeting of our Society that took place after the death of our President, Dr. Max Eitingon, the Society was informed that Mrs. Mirra Eitingon had handed over to the Society the whole of the inventory of the Psycho-Analytical Institute in Jerusalem as well as the whole contents of its library (which was the private property of Dr. Max Eitingon). In connection with this the Statutes were altered and the Institute renamed 'Psycho-Analytical Institute Dr. Max. Eitingon.' A new Committee was elected.

On November 21, 1943, the Society sustained another great loss through the death of Professor M. Pappenheim. On December 11, 1943, a special meeting was held to commemorate the passing away of Professor Pappenheim, whose death had been deeply felt by the whole medical profession in Palestine.

FINNISH-SWEDISH PSYCHO-ANALYTICAL SOCIETY

Since the only Finnish member of the Society, Dr. Yrjö Kulovesi, Tampere, Finland, died in September, 1943, the name of the Society has become the

SWEDISH PSYCHO-ANALYTICAL SOCIETY

1940

Dr. G. Bychowski (by invitation): 'Psycho-Analytical Aspects of Insulin Treatment in Schizophrenia.'

Dr. E. Reinius: Review of T. Sandström's book *Is Aggressivity an Evil?*

1941

Dr. A. Tamm: 'Some Cases of Homosexuality.'

Dr. T. Sandström: Review of P. H. Törngren's book *Die Moralkrankheit.*

Dr. G. Nycander: 'Psycho-Analytical Experiences at Erikstiftelsen' (a psycho-analytical clinic: Superintendent Dr. Nycander).

Dr. T. Sandström: 'The Fundamental Philosophical Ideas of Axel Hägerström.'

Prof. Ola Raknes: 'On Vegetotherapy.'

Discussion on 'Activity and Passivity in Psycho-Analytic Treatment.' Contributions by all members.

1942

During 1942 six meetings were held (titles of papers not communicated) as well as a meeting to discuss a proposed law to forbid practice by non-medical analysts, to which several doctors and leading Social Workers were invited. Dr. Tamm and Dr. Nycander opened the discussion with papers. During the whole of 1942 the Society protested officially against the proposal of this new law to forbid the practice of lay analysis. Other influential medical and psychological authorities joined forces with the Society. No official result of this intervention is known so far, but the prospects are favourable.

1943

Dr. G. Nycander: 'A Few Cases of Infantile Sexuality.'

Dr. A. Tamm: 'Some Cases of Hyper-Erotization.'

Dr. Börje Cronhom (by invitation): 'On the Mechanisms Operative in Shock Therapy from the Psychological Point of View.'

Dr. Gösta Harding (permanent guest): 'Some Dream Series of Patients with Homosexual Tendencies.'

Dr. T. Sandström: 'Intellectual Inhibitions.'

Lector T. Ekman (permanent guest): 'The Psychotherapeutic Institute in Berlin.'

Dr. A. Tamm: 'A Case of Homosexuality.'

Dr. G. Nycander: 'Personality and Morals' (Author's review of his own book).

Dr. N. Haak: 'An Investigation of the Technique of Psycho-Analysis' (Review of Dr. Glover's book).

Dr. A. Tamm: In Memoriam Dr. Yrjö Kulovesi.

1944

Mrs. Gunhild Seitz (by invitation): 'The Analyses of Two Children.'

Mr. Ewald Bohm (Copenhagen, by invitation): 'Some Relations between the Rorschach Test and Psycho-Analysis.'

Dr. Tage Philipson (Copenhagen, by invitation): 'On Vegetotherapy.'

Mrs. Magli Elster (Oslo, by invitation): 'The Present Status of Psycho-Analysis in Norway.'

Dr. R. de Monchy (Rotterdam, by invitation): 'Education, Psycho-Analysis and Society.'

Lector T. Ekman: 'Problems of Transference.'

III. *REPORTS OF TRAINING ACTIVITIES*

AMERICAN PSYCHOANALYTIC ASSOCIATION

Members of the Council on Professional Training

Society	Name	Term expires
Boston	Helene Deutsch, M.D.	1944
	M. Ralph Kaufman, M.D.	1945
	Edward Bibring, M.D.	1946
Chicago	N. Lionel Blitzsten, M.D.	1944
	Thomas M. French, M.D.	1945
	Franz Alexander, M.D.	1946
Detroit	Clara Happel, M.D.	1944
	Richard Sterba, M.D.	1945
	Leo H. Bartemeier, M.D.	1946
New York	Sandor Rado, M.D.	1944
	Sara Bonnett, M.D.	1945
	Adolph Stern, M.D.	1946
Philadelphia	Sydney G. Biddle, M.D.	1944
	George W. Smeltz, M.D.	1945
	LeRoy M. A. Maeder, M.D.	1946
San Francisco	William G. Barrett, M.D.	1944
	Otto Fenichel, M.D.	1945
	Ernst Simmel, M.D.	1946
Topeka	Karl A. Menninger, M.D.	1944
	Ernst Lewy, M.D.	1945
	Mary O'Neil Hawkins, M.D.	1946
Washington-Baltimore	Ernest E. Hadley, M.D.	1944
	William V. Silverberg, M.D.	1945
	Frieda Fromm-Reichmann, M.D.	1946

BOSTON PSYCHOANALYTIC INSTITUTE

1941–1942

Educational Committee: Dr. I. H. Coriat, Dr. Helene Deutsch, Dr. John M. Murray, Dr. Edward Bibring, Dr. Jenny Waelder, Dr. Leolia Dalrymple, Dr. Frederick Rosenheim, Dr. M. Ralph Kaufman, Dr. Hanns Sachs.

Seminars and Courses: Drs. H. Deutsch and M. R. Kaufman: Technical Seminar (for junior candidates).—Drs. J. M. Murray and M. R. Kaufman: Seminar on Problems connected with the War (for advanced candidates and members).—Mrs. B. Rank and Dr. J. Waelder: Child Analysis (for candidates and members).—Dr. E. Lindemann: Psychoanalytic Psychiatry (for candidates and members).—Dr. I. H. Coriat: Seminar on Current Literature (elective for candidates).—Dr. E. Bibring: Theory of Instincts (for candidates and members).—Dr. E. Hitschmann: A course on Problems in Neuroses (elective for candidates).—Drs. F. Rosenheim, J. J. Michaels, and L. A. Dalrymple: Course in Guided Reading of Freud's Papers (obligatory for candidates).

Seminars for Social Workers: Dr. H. Deutsch: On Problems of Femininity.—Drs. M. R. Kaufman and J. M. Murray: Seminar on Problems of Social Work Related to Psychoanalysis.

1942–1943

Educational Committee: Dr. Edward Bibring, Dr. Isador Coriat, Dr. Leolia Dalrymple, Dr. M. Ralph Kaufman, Dr. John M. Murray, Dr. Frederick Rosenheim, Dr. Jenny Waelder.

Number of Candidates: In preparatory analysis: 12. Under supervision: 5. 8 of the candidates were in military service.

Seminars and Courses: Dr. H. Deutsch: Technical Seminar (for candidates and members).—Dr. Hanns Sachs: Dream Interpretation.—Dr. Jenny Waelder and Mrs. Beata Rank: Child Problem Seminar.—Dr. I. Coriat: Seminar on Freud's *Case Histories*.—Dr. E. Bibring: Seminar on War Neuroses.—Drs. Grete Bibring, Felix Deutsch, Uno Helgesson, E. Hitschmann, M. R. Kaufman, J. M. Murray, F. Rosenheim and others: Topics dealing with various problems relating to the war and the war effort.

Seminars for Social Workers: Dr. H. Deutsch: On Advanced Problems of Case Work.—Dr. J. M. Murray and colleagues: Continuation of the Seminar on Problems of Social Work Related to Psychoanalysis.

CHICAGO INSTITUTE FOR PSYCHOANALYSIS

1941–1942

Educational Committee: Dr. Thomas M. French (Chairman), Dr. Franz Alexander, Dr. Helen McLean, Dr. Edwin Eisler, Dr. George Mohr, Dr. Lionel Blitzsten.

Number of Candidates: In preparatory analysis: 20. Conducting case work under supervision: 30.

Courses and Seminars (1940–1942): Dr. F. Alexander: Introductory Lectures on Psychoanalysis.—Dr. L. J. Saul: Seminar discussions of Freud's *Interpretation of Dreams*.—Dr. T. M. French: Mechanisms of the Individual Neuroses.—Dr. M. L. Miller: Case Histories of Freud.—Dr. T. Benedek: Freud's Papers on Technique.—Dr. T. M. French: Structure of the Personality.—Dr. T. Benedek: Systematic Presentation of the Psychoanalytic Technique.—Dr. G. J. Mohr, Dr. M. W. Gerard: Child Analysis.—Dr. T. M. French: Systematic Study of Dreams.—Dr. M. W. Gerard, Dr. George J. Mohr, Miss Helen Ross: Clinical Conferences on Children's Cases.—Dr. F. Alexander, Dr. T. M. French: Psychopathological Demonstrations.—Dr. M. W. Gerard, Dr. M. Grotjahn, Dr. H. V. McLean: Review of Psychoanalytic Literature.—Dr. T. M. French: Psychoanalytic Theory of the Drives.—Dr. C. L. Bacon: Special Problems of Female Psychology (one lecture, Dr. T. Benedek).—Dr. T. Benedek, Dr. F. Alexander: Clinical Conferences.—Dr. M. W. Gerard, Dr. G. J. Mohr, Miss Helen Ross: Clinical Conferences on Children's Cases.—Dr. L. J. Saul, Dr. T. M. French: Practice in Dream Interpretation.—Dr. H. V. McLean: Psychoanalysis and Literature.—Dr. M. Grotjahn: Wit and

Humor.—Dr. L. J. Saul: Psychoanalytic Contributions to Sociology.

Additional Courses for Non-Medical Professional Groups: Dr. G. J. Mohr, Dr. M. W. Gerard: Applications of Psychoanalysis to Education.—Psychoanalysis and Social Work.

1942–1943

Educational Committee: Same as 1941–1942.

Number of Candidates: In preparatory analysis: 19. Conducting case work under supervision: 19.

Spring Quarter, 1943. *Courses for Members of the Chicago Psychoanalytic Society and Students of the Institute only:* Dr. T. M. French: Dream Interpretation.—Dr. C. L. Bacon: Case Histories of Freud.—Dr. T. Benedek: Systematic Presentation of Psychoanalytic Interpretation.—Dr. M. W. Gerard: Review of Psychoanalytic Literature.—Dr. F. Alexander: Clinical Conferences.—Scudder Mekeel, Ph.D.: Comparative Social Psychology.—*Courses Open to Professional or Lay Groups:* Dr. F. Alexander, Dr. T. M. French: Psychopathological Case Demonstrations.—Dr. H. V. McLean: Psychiatric Case Demonstrations.

Winter, 1943. *For Members of the Chicago Psychoanalytic Society and Students of the Institute only:* Dr. T. M. French: Mechanisms of the Individual Neuroses.—Dr. T. M. French: Freud's *Interpretation of Dreams*.—Dr. Edward Weiss: Selected Problems of Technique.—Dr. M. W. Gerard: Clinical Conferences on Children's Cases.—Dr. H. V. McClean: Review of Psychoanalytic Literature.—Dr. F. Alexander: Clinical Conferences.—*For Professional or Lay Groups:* Dr. F. Alexander: Introduction to fundamental principles of Psychoanalysis and Psychosomatic Medicine.—Miss H. Ross, Dr. G. J. Mohr: Personality Development in Childhood and Adolescence.

DETROIT PSYCHOANALYTIC SOCIETY

(The Detroit Psychoanalytic Society was accepted in 1940 and was given permission to conduct partial training activities under the supervision of the Training Committee of the Chicago Psychoanalytic Society.)

1941–1942

Educational Committee: Dr. L. H. Bartemeier, Dr. C. Happel, Dr. R. Sterba.

Number of Candidates: In preparatory analysis: 5. Conducting case work under supervision: 5.

Lectures: Dr. L. H. Bartemeier: Introduction to Psychoanalysis.—Dr. R. Seerba: The Theory of the Libido.—Dr. Editha Sterba: Child Analysis.—Dr. C. Happel: Psychoanalytic Technique.—Dr. R. Sterba: Theory of Dreams.

Seminars: Dr. C. Happel: Freud's Writings Preliminary to the Formulation of the Concept of the Super-Ego.—Dr. R. Sterba and Dr. C. Happel: Clinical Seminar (Group Control).

Extension School: Dr. E. Sterba: Introduction to Psychoanalysis (Psychiatric Social Workers' Seminar).—Dr. E. Sterba: Child Psychology (Lectures to teachers having psychological training).—Dr. H. August: Social Psychiatry (lay students).—Dr. J. Dorsey: Mental Hygiene (lay students).—Dr. J. Dorsey: Medical Psychology (lay students).—Dr. J. Dorsey: Social Psychiatry (lay students).—Dr. F. Redl: Mental Hygiene (social workers).—Dr. F. Redl: Psychology of Adolescence (social workers).—Dr. F. Redl: Juvenile Delinquency (social workers).

1942–1943

Educational Committee: Dr. L. H. Bartemeier, Dr. C. Happel, Dr. R. Sterba.

Five candidates in training were elected to Associate Membership during this period.

Number of Candidates: In preparatory analysis: 4. Conducting case work under supervision: 5.

Seminars: Dr. R. Sterba: History of an Infantile Neurosis.—L. Bartemeier and Dr. C. Happel: Clinical Seminars (Group Control).—Dr. C. Happel: Beyond the Pleasure Principle.

Extension School: Dr. L. Bartemeier: Introduction to Psychoanalysis. (Psychiatric social workers).—Dr. R. Sterba: Social Psychiatry (lay students).—Dr. J. Dorsey: Mental Hygiene (lay students).—Dr. J. Dorsey: Social Psychiatry (lay students).—Dr. F. Redl: Group Work with Children (social workers).—Dr. F. Redl: Case Work and Group Work Techniques (social workers).—Dr. F. Redl: Group Work Supervision (social workers). Dr. F. Redl: Group Leadership (social workers).

NEW YORK PSYCHOANALYTIC INSTITUTE

1941–1942

Educational Committee: Dr. L. Blumgart (Chairman), Dr. S. Atkin, Dr. S. A. Bonnett, Dr. L. S. Kubie, Dr. P. Lehrman, Dr. S. Lorand, Dr. L. D. Powers, Dr. S. Rado, Dr. A. Stern, Dr. J. H. W. van Ophuijsen, Dr. F. Wittels.

Number of Candidates: In preparatory analysis: 29. Conducting case work under supervision: 47. (Armed Forces: 15.)

Seminars and Courses: Dr. Kardiner: Psychological Methodology.—Dr. Nunberg: Introductory Lectures on Psychoanalytic Technique.—Dr. Bonnett: Continuous Case Seminars.—Dr. Lorand: Continuous Case Seminars.—Dr. Lehrman: Clinical Conferences.—Dr. Rado: Clinical Conferences.—Dr. Hartmann: Lectures on Ego Psychology.—Dr. Van Ophuijsen: The Psychology and Psychopathology of the Sexual Functions in Man.—Dr. Nunberg: Clinical Conferences.—Dr. Wittels: Clinical Conferences.—Drs. Lorand and Rado: Colloquium on Technique.—Dr. Wittels: History of Psychoanalytic Literature.—Drs. Von Hann-Kende, Mittelmann, Slutsky and Warburg: Required Readings in Psychoanalysis.—Drs. Spitz and Broadwin: The Early Development of the Child.—Dr. Mahler-Schoenberger: Seminar in Child Analysis.—Dr. Hartmann: History of

Psychoanalytic Literature.—Drs. Von Hann-Kende, Mittelmann, Slutsky and Warburg: Required Readings in Psychoanalysis.—Dr. Levy: The Psychopathology of Childhood.—Dr. Marianne Kris: Seminar in Child Analysis.—Dr. Kubie: Continuous Case Seminars.—Dr. Malcove: Continuous Case Seminars.—Drs. Brunswick and Federn: A Seminar on Psychoanalytic Psychiatry.—Dr. Oberholzer: Applications of the Rorschach Test to the Neuroses.—Dr. Atkin: Clinical Conferences.—Dr. Daniels: Clinical Conferences.—Dr. Kardiner: Clinical Conferences (for advanced students).—Dr. Ernst Kris: Psychoanalysis and the Social Sciences.—Dr. Van Ophuijsen: The Neuroses and Psychoses.—Dr. Zilboorg: Advanced Continuous Case Seminars.—Dr. Lewin: Advanced Seminar on Dream Interpretation.—Reading Colloquia: Dr. Bergler, 'Impotence and Frigidity; Technical Problems'. Dr. Federn, 'Psychoanalysis of the Psychoses; Classical Psychoanalysis and Its Opponents'. Dr. Jacobson, 'Development of Female Sexuality and its Disturbances; Recent Problems of Psychoanalytical Technique'. Dr. Reich, 'Personality Disturbances; Problems of Homosexuality'.

Extension School: Drs. Bonnett and Eisenbud: Seminar for Supervisors: Application of Psychoanalysis to Social Work.—Dr. Weil: Introductory Course on the Rorschach Test.—Dr. Ernst Kris: Psychoanalysis and the Social Sciences.—Dr. Roheim: Introduction to Psychoanalytic Anthropology.—Dr. Kubie (Chairman): Colloquia on Problems in Psychosomatic Medicine.

1942–1943

Educational Committee: Dr. S. A. Bonnett (Chairman), Dr. L. Blumgart, Dr. H. A. Bunker, Dr. F. Dunbar, Dr. A. Eisendorfer, Dr. S. Atkin, Dr. L. S. Kubie, Dr. P. R. Lehrman, Dr. S. Lorand, Dr. L. D. Powers, Dr. A. Slutsky, Dr. R. A. Spitz.

Number of Candidates: In preparatory analysis: 25. Conducting case work under supervision: 41. (Armed Forces: 27.)

Seminars and Courses: Drs. Bunker and Zilboorg: History of Psychoanalytic Literature.—Drs. Loveland and Slutsky: Required Readings in Psychoanalysis.—Drs. Bunker and Zilboorg: History of Psychoanalytic Literature.—Drs. Von Hann-Kende and Mittelmann: Required Readings in Psychoanalysis.—Dr. R. Waelder: Lectures on Ego Psychology.—Drs. Kubie and Malcove: Continuous Case Seminar.—Dr. Lorand: Advanced Seminar in Technique.—'Psychology and Psychopathology of the Child': Infancy to Age 2, Dr. Spitz; Pre-School, Dr. Huschka; Latency (Age 6–12), Dr. Bornstein; Adolescence, Dr. Broadwin.—Dr. Marianne Kris: Seminar in Child Analysis.—Dr. Nunberg: Required Readings in Psychoanalysis.—Dr. de Saussure: History and Psychoanalysis.—Dr. Loewenstein: Correlations between Psychoanalysis and the Modern French Schools of Psychology and Psychiatry.—Drs. Jacobson (Sec. 1), Powers (Sec. 2), Lewin (advanced): Seminar in Dream Interpretation.—Dr. Van Ophuijsen: The Neuroses and Psychoses.—Dr. Bonnett: Psychoanalytic Phenomenology.

Extension School: Dr. Staub: Case Work Therapy.—Drs. Bernard and Klein: Case Work Problems Viewed as Ego Functioning.—Dr. Eisenbud: Clinical Case Work Seminar.

Samuel Atkin,
Executive Director.

PHILADELPHIA PSYCHOANALYTIC INSTITUTE

1941–1942

Educational Committee: Dr. S. G. Biddle (Chairman), Dr. L. M. A. Maeder (Vice-Chairman), Dr. O. S. English, Dr. G. W. Smeltz, Dr. L. H. Smith.

Number of Candidates: In preparatory analysis: 10. Conducting case work under supervision: 7.

Seminars and Courses: Dr. S. Lorand (New York City): Clinical Conferences.—Dr. S. G. Biddle: Basic Writing and Literature II.—Dr. L. M. A. Maeder: Continuous Case Seminars.

Extension School: Sixteen General Seminars: Drs. L. B. Hill, S. G. Biddle, G. H. Katz, R. L. Frank, K. E. Appel, G. H. J. Pearson, M. W. Brody, O. S. English, J. Hughes, G. W. Smeltz, A. Kardiner, L. H. Smith, R. H. Abrams, L. M. A. Maeder.—Dr. L. M. A. Maeder: Application of Psychoanalytic Concepts to Social Case Work.—Dr. L. M. A. Maeder: Social Case Work Entities from a Psychoanalytic Point of View.—Dr. G. W. Smeltz: Fundamental Concepts of Psychoanalysis and Case Discussions.

1942–1943

Educational Committee: Dr. S. G. Biddle (Chairman), Dr. L. M. A. Maeder (Vice-Chairman), Dr. O. S. English, Dr. G. H. Katz, Dr. L. H. Smith.

Number of Candidates: In preparatory analysis: 9. Conducting case work under supervision: 8.

Seminars and Courses: Dr. S. G. Biddle: Continuous Case Seminars.—Dr. R. Waelder: Discussion of Controversial Issues in Psychoanalysis.

Extension School: 'Contributions of Psychoanalysis to Education': Drs. M. W. Brody, E. Kris, K. E. Appel, M. A. Ribble, G. H. J. Pearson, G. H. Katz, S. G. Biddle, E. Liss, L. M. A. Maeder, O. S. English.—'Medical Aspects of Psychoanalysis': Drs. R. S. Bookhammer, G. H. Katz, E. Kris, G. H. J. Pearson, F. Dunbar, L. M. A. Maeder, G. W. Smeltz, S. G. Biddle, T. M. French.—Dr. L. M. A. Maeder: Psychoanalytic Concepts and Social Case Work.—Dr. L. M. A. Maeder: Contributions of Psychoanalysis to Social Case Work Practice.

LeRoy M. A. Maeder,
Vice-Chairman.

TOPEKA INSTITUTE FOR PSYCHOANALYSIS

1942–1943

Officers for this period: Dr. K. A. Menninger (Director), Dr. R. P. Knight (Assistant Director for Topeka), Dr. E. Simmel (Assistant Director for California), Dr. E. Lewy (Secretary-Treasurer).

Number of Candidates	Topeka	San Francisco	Los Angeles
In preparatory analysis	3	6	4
Conducting case work under supervision	5	5	2
Attending Seminars and didactic Lectures	7	9	5
Analysed Candidates who are carrying controls with training analysts but who have not had training analyses	2	–	–
Analysed Doctors who have attended seminars, lectures, etc., but who have not been doing analysis	–	1	1
In military service	2	4	4

Seminars and Courses: Topeka: Dr. K. Menninger: The Practice of Dream Interpretation.—Dr. R. P. Knight: General Introduction to Psychoanalysis.—Dr. E. Lewy: Freud's Writings.—Dr. R. P. Knight: Case Seminar—Group Control.—Dr. K. Menninger: Case Conferences—The Application of Psychoanalysis to the Study of Psychiatric Problems and of the Psychoses.—Dr. K. Menninger: Instinct Theory (and Theories).—Dr. R. P. Knight: Mechanisms of the Individual Neuroses.—Dr. M. O'Neil Hawkins: Defense Mechanisms.—Dr. E. Geleerd: The Theories of Melanie Klein and her Group.—Dr. D. Rapaport: Psychological Testing.—Dr. K. Menninger: Seminar for Social Workers.—*Los Angeles:* Dr. O. Fenichel: Basic Psychoanalytic Problems of Beginners.—Dr. O. Fenichel: Case Histories.—Dr. O. Fenichel: Literature.—Dr. D. Brunswick: Seminar for Social Workers.—Dr. D. Brunswick and Mrs. M. Munk: Educational Seminar.—*San Francisco:* Dr. S. Bernfeld: Technical Seminar, Combined with Clinical Conferences.—Dr. B. Berliner: Freud's Case Histories.—Dr. E. Windholz: The Theory of Neuroses.—Mr. E. H. Erikson: Neuroses in Childhood.—Dr. A. Maenchen: Neuroses in Childhood.—Dr. J. Kasanin: Psychoanalytic Psychiatry.

Ernst Lewy,
Secretary.

THE WASHINGTON-BALTIMORE PSYCHOANALYTIC INSTITUTE

1941–1942

Educational Committee: Dr. D. M. Bullard, Dr. L. Dooley, Dr. F. Fromm-Reichmann, Dr. E. Hadley, Dr. L. B. Hill, Dr. W. Silverberg, Dr. E. Weigert.

Number of Candidates: In preparatory analysis: 19. Conducting case work under supervision: 14.

Seminars and Lectures: Dr. D. Bullard: Periodical Literature.—Dr. R. Waelder: Orientation.—Dr. F. Fromm-Reichmann: Interpretation of Dreams.—Drs. L. Dooley and E. Weigert, Drs. L. Hill and A. Stoughton: Clinical Conferences.

1942–1943

Educational Committee: Same as 1941–1942.

Number of Candidates: In preparatory analysis: 13. Conducting case work under supervision: 10.

Seminars and Lectures: Dr. E. Weigert: Technique.—Dr. F. Fromm-Reichmann: Clinical Conference.—Dr. L. Hill: Clinical Conference.

BRITISH PSYCHO-ANALYTICAL SOCIETY

1942–1943

Number of Candidates: On June 30, 1942, the total number of candidates on the Training List (in active training) was 18, of these 9 candidates were in analysis, 10 candidates were attending seminars, 9 taking cases under control (2 of whom were also in analysis), 4 were taking child cases under control. Seven candidates were suspended owing to war conditions, 1 candidate was waiting analysis. During the year 6 candidates in London and 6 in Manchester were admitted for training and 2 applicants were admitted for therapeutic analysis with training analysts in London with the possibility of later acceptance for full training. Three candidates were passed for lectures and seminars, 4 were passed to treat cases under control, 3 candidates in Manchester were passed to treat child cases under control. Four candidates in London and 1 in Manchester were passed for adult practice. One post-graduate candidate was passed for child practice.

On June 30, 1943, there were 21 candidates in active training (London 13, Manchester 8) and 1 waiting analysis in London. Of those in active training: In analysis: London 12, Manchester 8. Attending seminars and lectures: London 9, Manchester 7. Conducting case work under control: London 6, Manchester 4. Taking child cases under control: London 5, Manchester 3.

Lectures and Seminars. London:

Autumn Session: Dr. S. M. Payne: 6 lectures on the Theory of the Neuroses.—Dr. M. Brierley: 7 seminars on the Theory of the Neuroses.—Dr. E. Glover: Practical Seminars (occasionally).—Miss Anna Freud: Weekly Practical Seminars.—Mrs. M. Klein: Weekly Practical Seminars.

Spring Session: Miss E. F. Sharpe: 6 lectures on Technique.—Practical Seminars: Dr. E. Glover, Mrs. D. Burlingham (2), Mrs. M. Klein, Dr. S. M. Payne.

Summer Session: Dr. K. Friedlander: 6 lectures on the Theory of Instincts.—Dr. M. Brierley: 6 Theoretical Seminars.

Manchester:

Autumn Session: 5 Seminars 'On Adolescents'. An informal group of doctors, teachers, psycho-

logists and social workers.—Single lectures were given by Drs. M. Brierley and S. H. Foulkes.

Spring Session : 5 Seminars ' On Adolescents ' (continuation of Autumn Session).—Single lectures by Miss E. F. Sharpe, Dr. S. H. Foulkes.

Summer Session : Dr. A. Gross : Interpretation of Dreams (weekly seminars).—Mrs. M. Klein gave a lecture.

Training Committee : Dr. E. Glover (Chairman), Dr. S. M. Payne (Secretary), Dr. M. Brierley, Miss Anna Freud, Mrs. M. Klein, Dr. J. Rickman, Miss E. F. Sharpe, Mr. James Strachey.

S. M. Payne,
Secretary.

1943–1944

The work of the Training Committee has been carried on without interruption during the past year.

Number of Candidates : On June 30, 1943, there were 13 candidates in London in active training (9 medical and 4 lay), and 8 candidates in Manchester (4 medical and 4 lay). There was one medical candidate waiting to begin training in London. During the year 8 candidates (4 medical and 4 lay, one of whom is to take a medical degree after the war) were accepted for training in London. One medical candidate was accepted for training in Manchester. Eight London candidates were passed to take lectures and seminars, 6 London candidates started treating cases under control, 1 London and 3 Manchester candidates were passed for adult practice, 3 London and 3 Manchester candidates were passed for child practice.

On June 30, 1944, there were 26 candidates in active training, viz. in London 12 medical and 8 lay candidates, in Manchester 3 medical and 3 lay candidates. Of these in analysis : London 19, Manchester 6. Attending lectures and seminars : London 16, Manchester 5. Conducting case work under control : London 10, Manchester 1. One lay candidate was accepted in London but has not been able to start training yet.

Lectures and Seminars. London :

Autumn Session : Mr. Money-Kyrle : 6 Introductory Lectures on Psycho-Analytical Anthropology.—Dr. W. Hoffer : 11 Seminars on Freud's Theories on Anxiety.—Dr. S. M. Payne and Dr. E. Glover gave one Practical Seminar each.

Spring Session : Dr. W. H. Gillespie : 6 Lectures on Psychoses.—Dr. W. Hoffer : 6 Theoretical Seminars.—Practical Seminars : Dr. S. M. Payne (2), Miss E. F. Sharpe (3), Mrs. S. Isaacs (1).

Summer Session : Dr. S. M. Payne : 5 Lectures on the Theory of Psycho-Neuroses.—Miss E. F. Sharpe : 6 Practical Seminars.—Dr. W. Hoffer : 6 Theory Seminars on Freud's *The Ego and the Id.*

Manchester :

Dr. A. Gross : Seminars on Interpretation of Dreams.—Dr. M. Balint : Seminars on the Theory of Instincts.—A Study Group on Educational Psychology was conducted including the staffs of Child Guidance Clinics, School Medical Officers, general practitioners, educational psychologists and mistresses and masters of secondary schools. Papers were given by members and candidates.

The Training Committee elected for 1944–1945 is : Dr. S. M. Payne (Chairman), Dr. J. Bowlby (Secretary), Dr. M. Balint, Mrs. S. Isaacs, Mrs. M. Klein, Dr. W. C. M. Scott, Mr. James Strachey.

S. M. Payne,
Secretary

MELBOURNE INSTITUTE FOR PSYCHO-ANALYSIS

1942

August-October. Dr. C. Lazar-Geroe : Study circle (12 evenings) on Freud's *Three Contributions to the Theory of Sex.* Attendance 25–30 including several members of the U.S.A. and the Australian Army Medical Corps.—Dr. C. Lazar-Geroe : ' Problem Child at Pre-School Stage ', to Parents' Association of Middle Park Baby Health Centre, and Free Kindergarten Union. Attendance 30.—Dr. C. Lazar-Geroe : 2 lectures on ' Educational Problems ' for the staff of Koornong School, Warrandyte. Attendance 10.

Clara Lazar-Geroe.

JERUSALEM PSYCHO-ANALYTICAL INSTITUTE (CHEWRA PSYCHONALYTITH B'EREZ-ISRAEL)

1939–1945

1939. *Training Committee :* Dr. M. Eitingon, Dr. M. Woolf, Dr. A. Smeliansky.

Number of Candidates : 8 candidates were in training (7 psychiatrists, 1 teacher.) Of these 8 candidates, 4 have since become members of the Society and 4 are still in training.

The Training Committee for 1944–45 is : Dr. G. Brandt, Dr. F. Lowtzky, Dr. A. Smeliansky, Dr. I. Schalit, Dr. M. Woolf.

Seminars and Courses : 1939 : Dr. G. Brandt : Introductory Lectures on Psycho-Analysis. 1940 : Dr. D. Dreyfuss : Freud's Papers on Theory.—Dr. F. Lowtzky : Psycho-Analytical Seminar for Teachers. 1941 : Dr. D. Dreyfuss : Freud's Papers on Theory.—Dr. F. Lowtzky : Psycho-Analytical Seminar for Teachers (for beginners). Psycho-Analytical Seminar for Teacher (advanced). 1942 : Dr. E. Gumbel : On Freud's *Interpretation of Dreams.*—Dr. F. Lowtzky : Psycho-Analytical Seminar for Teachers. 1943 : Dr. E. Gumbel : Freud's Papers on Theory.—Dr. F. Lowtzky : Psycho-Analytical Seminar for Teachers. 1944–45 : Dr. E. Gumbel : Seminar on Freud's Papers on Theory.—Dr. E. Hirsch : Introductory Lectures on Psycho-Analysis for Teachers.—Dr. F. Lowtzky: Seminar on Psycho-Analysis for Teachers (beginners, advanced).

Seminar for Teachers. At the time the Seminar was initiated there were 10 students taking part in it ; by the end of the year 1943–44 the number

had grown to 30. The students were mostly teachers, educational workers, kindergarten teachers and school physicians. Many of the teachers come from the collective settlements (Kibbutzim). The work in the seminars included theoretical studies and practical application on children's play-grounds, in school classes, etc. The official social welfare institutions became interested in our work. Tye 'Haddassah' Medical Organization which controls many schools and health institutions in this country has made a financial grant to enable us to pursue our work for neglected children. Some of our members have been asked to collaborate and were given opportunities to work with the Department of Social Hygiene of the Jewish Community. The activity of our group among the teachers has led to the publication of a periodical 'Hygiena Ruchanit' (Mental Hygiene) by the School-Hygiene Department of the Jewish Community and many members of our Society are contributing to it. The work concerning the Teachers' Seminar has been chiefly directed by Dr. (Mrs.) F. Lowtzky.

I. Schalit, Secretary.

IV. *CLINIC REPORTS*

LONDON CLINIC OF PSYCHO-ANALYSIS

1942–1943

Consultations.

The total number of attendances at the Clinic consultations during the year was 150 (76 M., 74 F.) as compared with 96 the previous year and 63 and 81 in the years before. Again consultations showed an increase as compared with the previous war years; they were also higher than in any peace-time year. An increase was also shown in the number of patients sent to the Clinic by private doctors, hospitals and emergency hospitals. Our own members continue to send non-paying patients to the Clinic. The numbers affect both the consultations and the waiting list. In regard to consultations it was necessary to introduce appointments for patients coming for consultation in order to equalize the distribution of new cases and so use the consultant's time to the best advantage. In regard to the waiting list a greater degree of selection was applied.

Attendances for treatment were regular, excepting a few patients who had to miss sessions owing to extrinsic difficulties (working overtime, etc.). War-time conditions made it necessary to start treatment as early as 7.15 in the morning and to extend it past 7 p.m., since patients doing war work had difficulties in attending in day-time.

The 150 patients were dealt with as follows:

At the time of examination advised	69 (35 M., 34 F.)
recommended treatment.	81 (41 M., 40 F.)
Of these latter:	
offered Clinic vacancies	8 (3 M., 5 F.)
offered private vacancies (at nominal fees)	18 (9 M., 9 F.)
put on the waiting list	55 (29 M., 26 F.)

Diagnosis.

The following is the provisional diagnosis of the 81 who were recommended treatment; it is subject to revision after treatment has begun.

Anxiety hysteria (incl. acute anxiety states)	27 (13 M., 14 F.)
Conversion hysteria.	5 (– 5 F.)
Obsessional neurosis	7 (4 M., 3 F.)
Mixed types	2 (– 2 F.)
Depression	8 (4 M., 4 F.)
Character	4 (1 M., 3 F.)
Frigidity	2 (– 2 F.)
Impotence	2 (2 M., –)
Homosexuality	6 (5 M., 1 F.)
Anxiety neurosis	5 (4 M., 1 F.)
Neurasthenia	2 (1 M., 1 F.)
Sexual maladjustment	2 (1 M., 1 F.)
Social maladjustment	1 (– 1 F.)
Alcoholism	2 (2 M., –)
Drug addiction	1 (1 M., –)
Hypochondria.	1 (1 M., –)
Pseudologia phantastica	1 (– 1 F.)
? Paranoid	2 (1 M., 1 F.)
Backwardness (18 yrs.)	1 (1 M., –)

Waiting List.

The number of patients on the waiting list at the end of the year is 65 (33 M., 32 F.), as compared with 55 last year and 29 the year before. Not included in this number are cases who cannot at the present time undergo treatment but wish to do so later and want their names to be kept on the list. Although every possible mode of disposal of patients is being made use of, the waiting list keeps increasing. This is due partly to the greater number of applications for treatment and partly to the scarcity of vacancies. The present dearth of experienced analysts who could deal with neuroses of greater severity or long standing, is also a factor.

Under Treatment.

There are at present 43 cases under treatment at the Clinic (13 M., 30 F.).

Child Department.

Dr. Winnicott reports as follows:—

In the course of the year 11 children have been receiving treatment in the department:

Girl, age 3 (new case).	Feeding inhibition.
Boy, ,, 9.	Character illness and feeding difficulties.
Boy, ,, 2 (new case).	Screaming attacks.
Girl, ,, 3 (new case).	Acute feeding inhibition.
Boy, ,, 8.	Scholastic and feeding difficulties.

Girl, age 2 (new case).	Screaming attacks, bed-wetting.
Girl, „ 3 (new case).	Precocity and flight from infant phantasy.
Boy, „ 5.	Infantile fixation.
Boy, „ 7 (new case).	Stammering, depressive illness.
Girl, „ 5.	Personality disturbance.
Boy, „ 7.	Psychotic introversion.

The following cases were originally child patients in the department (not listed among the adult patients) :

Boy, age 16.	Manic-depressive psychosis.
Girl, „ 18.	Anti-social.
Boy, „ 17.	Bed-wetting and anti-social tendency.
Girl, „ 23.	Schizophrenia.

It continues to be the policy of the department to use Dr. D. W. Winnicott's out-patient department at the Paddington Green Children's Hospital which has all the resources of the hospital at its disposal, instead of building up a new out-patient department at the Institute.

Edward Glover,
Director.

1943–1944

Consultations.

The total number of attendances at the Clinic consultations during the year was 176 (94 M., 82 F.), as compared with 150 the previous year and 96 and 63 in the preceding years. Again consultations showed an increase in number as compared with the preceding war years as well as with any peace-time year. All sources of patients participated in the increase : private doctors, hospitals and military or E.M.S. hospitals. Correspondence with the Ministry of Pensions arising out of the case of an ex-service patient has led to an offer by the Ministry to give us official recognition for the treatment of ex-service pensioners if we are willing to accept a fee of 15*s.* per attendance in cases officially approved by the Ministry, who reserve the right to review the need for treatment periodically. This offer has been accepted. I may remark that this is the first time we have received official recognition from the Ministry of Pensions. A number of patients were advised to seek treatment with us by the Tavistock Clinic and private psychotherapists.

Of the 176 attendances, 34 (17 M., 17 F.), were patients who had been seen before and came up again for various reasons, as e.g. neurological examination, further investigation, certificates, advice or an occasional session in periods of particular stress.

The remaining 142 (77 M., 65 F.) were dealt with as follows :—

At the time of examination advised	75 (42 M., 33 F.)
recommended treatment	67 (35 M., 32 F.)
Of these latter :	
offered private vacancies (at nominal fees)	22 (13 M., 9 F.)
put on the waiting list	45 (22 M., 23 F.)
Of these last—offered Clinic vacancies	11 (5 M., 6 F.)

Diagnosis.

The following is the provisional diagnosis of the 67 who were recommended treatment ; it is subject to revision after treatment has begun.

Anxiety hysteria (incl. acute anxiety states)	14 (9 M., 5 F.)
Conversion hysteria	2 (1 M., 1 F.)
Obsessional neurosis	13 (7 M., 6 F.)
Hysteria	6 (1 M., 5 F.)
Mixed types	4 (3 M., 1 F.)
Depression	3 (1 M., 2 F.)
Character	11 (4 M., 7 F.)
Frigidity	4 (– 4 F.)
Impotence	2 (2 M., –)
Homosexuality	1 (1 M., –)
Anxiety neurosis	1 (– 1 F.)
Social maladjustment	1 (– 1 F.)
Idiopathic epilepsy (later taken off the waiting list)	1 (– 1 F.)
Tics	2 (2 M., –)
Tremor	1 (1 M., –)
Hystero-epilepsy	1 (– 1 F.)

Owing to the state of the waiting list, stricter principles had to be applied in the selection of cases for psycho-analytic treatment and a proportionally greater number of patients than before was advised to seek other treatment.

Waiting List.

The number of patients on the waiting list at the end of the year is 82 (48 M., 34 F.), as compared with 65 last year and 55 the year before. During the year 16 patients were placed for treatment from the waiting list in addition to the 11 seen at consultation during the year. Apart from the 82 patients waiting treatment there are 14 patients (2 M., 12 F.) whose names are down on the waiting list for treatment after the war.

Under Treatment.

There are at present 48 cases under treatment at the Clinic (23 M., 25 F.).

Child Department.

(Report of Dr. Winnicott, Director of the Child Department.) During the year 5 children have been under treatment by four analysts. Only one was a new case.

W. H. Gillespie,
Director.

MELBOURNE INSTITUTE FOR PSYCHO-ANALYSIS

1942

During the year 1942 the Clinic (111 Collins Street, Melbourne, C.1) was consulted by 20 new

patients. There were out of these: adults 8, children 12. In addition we acted in advisory capacity to schools and Probation Officers of the Children's Court in about 15 more cases. There were under regular treatment: adults 7, adolescents 2, child 1.

Weekly Hours	Adults	Adolescents	Child
4	2	–	–
3	2	1	–
2	–	1	–
1	3	–	1

Weekly 23 hours.

Waiting list: 5 patients.

Five children attended the Clinic for 2–4 months each, once or twice weekly in order to solve their more easily accessible problems.

Diagnosis	Adults
Hysteria	1 (– 1 F.)
Conversion hysteria	2 (1 M., 1 F.)
Impotence	1 (1 M., –)
Homosexuality	2 (2 M., –)
Obsessional neurosis	1 (1 M., –)
Depression	1 (1 M., –)
Paranoid	1 (– 1 F.)
	Children
Educational difficulties	3 (3 M., –)
Stealing	3 (2 M., 1 F.)
Anxiety	2 (2 M., –)
Obsessional type	1 (1 M., –)
Conversion hysteria	1 (1 M., –)
Enuresis	1 (1 M., –)
Alexia	1 (1 M., –)

At the beginning of 1942, when the danger of war reached Australia, everybody's mind was taken up with immediate questions which seemed at that time urgent. We worked out several schemes of making the best use of the Institute's work in case of emergency. We offered our services in tackling the expected cases of acute neuroses due to emergency situations.

We elaborated a scheme for a Rest Home for Children who might develop neurotic symptoms in the course of war dangers or evacuation (taking as a model the Children's Rest Centre, directed by Miss Anna Freud). We sent this scheme to the Emergency Committee of Parliament. We also had a personal interview and correspondence with a member of that Committee, but though a phase of promising enthusiasm followed we reached no result.

The same fate attended the offer of our Children's Clinic for evacuation problems and as a centre for training social workers, teachers, etc. in dealing with the mental problems of evacuated children. Later on, the State Emergency Council erected an Evacuation Clinic, but there is still no centre for training workers to deal with these problems. This would have been most important, as distances in Australia are so immense that people in the country cannot rely on a clinical centre situated in a city.

Council of Directors: Dr. Paul G. Dane (Chairman), Dr. R. G. Ellery (Secretary), Dr. E. Jones (London), Dr. N. A. Albiston, Dr. A. R. Phillips, Dr. P. G. Reynolds, Dr. L. C. Winn (Sydney).

Employed as Psycho-Analyst: Dr. Clara Lazar-Geroe.

JERUSALEM PSYCHO-ANALYTICAL INSTITUTE (CHEWRA PSYCHOANALYTITH B'EREZ-ISRAEL)

1939–1944

The number of patients dealt with at the Institute during the last six years has been: 1939, 19; 1940, 19; 1941, 34; 1942, 27; 1943, 30; 1944, 20; Total, 149, of which 44 are current cases.

V. *LIST OF MEMBERS OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION*

(During the past two years no notifications of addresses have been received from the Secretaries of the following Societies:—

Danish-Norwegian Psycho-Analytical Society

Dutch Psycho-Analytical Society

French Psycho-Analytical Society

Hungarian Psycho-Analytical Society

Indian Psycho-Analytical Society

Sendai Psycho-Analytical Society

Swiss Psycho-Analytical Society

Tokyo Psycho-Analytical Society

Readers are referred to Vol. XX, Parts 3 and 4, Vol. XXI, Part 4, Vol. XXII, Parts 3 and 4, and Vol. XXIII, Parts 3 and 4, of this Journal for the last official lists of these Societies.)

AMERICAN PSYCHOANALYTIC ASSOCIATION

Officers

Permanent Honorary President: Dr. A. A. Brill.

President: Dr. Leo H. Bartemeier.

Vice-President: Dr. M. Ralph Kaufman.

Secretary: Dr. Robert P. Knight.

Treasurer: Dr. Flanders Dunbar.

Constituent Societies

Boston Psychoanalytic Society.

Chicago Psychoanalytic Society.

Detroit Psychoanalytic Society.

New York Psychoanalytic Society.

Philadelphia Psychoanalytic Society.

San Francisco Psychoanalytic Society.

Topeka Psychoanalytic Society.

Washington-Baltimore Psychoanalytic Society.

Boston Psychoanalytic Society

Honorary Members

Cobb, Dr. Stanley, Massachusetts General Hospital.

Zilboorg, Dr. Gregory, 14 East 75th Street, New York City, New York.

Members

Alexander, Dr. George H., Butler Hospital, Providence, Rhode Island.
Anthonisen, Dr. Niels L., 75 Linden Street, Brattleboro, Vermont.
Bandler, Dr. Bernard, 82 Marlborough Street.
Bibring, Dr. Edward, 82 Marlborough Street.
Bibring, Dr. Grete, 1 Waterhouse Street, Cambridge, Mass.
Burr, Dr. Ruth, 56 Commonwealth Avenue.
Clothier, Dr. Florence, 161 South Huntington Avenue.
Dalrymple, Dr. Leolia, 82 Marlborough Street.
Dawes, Dr. Lydia, 259 Beacon Street.
d'Elseaux, Dr. Frank C., 37 Marlborough Street (*Treasurer*).
Deming, Dr. Julia, 406 Marlborough Street.
Deutsch, Dr. Felix, 82 Marlborough Street.
Deutsch, Dr. Helene, 44 Larchwood Drive, Cambridge, Mass.
Finesinger, Dr. Jacob, Massachusetts General Hospital.
Healy, Dr. William, 38 Beacon Street.
Helgesson, Commander Uno (M.C.), U.S.N.R., 68 Normandy Road, Longmeadow, Mass.
Hendrick, Dr. Ives, 205 Beacon Street.
Hitschmann, Dr. Edward, 51 Brattle Street, Cambridge, Mass.
Howard, Dr. Edgerton McC., Box E, Stockbridge, Mass.
Howard, Dr. Paul, McLean Hospital, Waverly, Mass.
Jackson, Dr. Edith B., 789 Howard Avenue, New Haven, Conn.
Jessner, Dr. Lucie, 107 Garden Street, Cambridge, Mass.
Karpe, Dr. Richard, 26 Sherman Street, Hartford 5, Conn.
Kaufman, Lt.-Colonel M. Ralph (M.C.), 82 Marlborough Street.
Lindemann, Dr. Erich, Massachusetts General Hospital (*President*).
Ludwig, Capt. Alfred O. (M.C.), 86 Juniper Road, Belmont, Mass.
Michaels, Capt. Joseph J. (M.C.), 82 Marlborough Street.
Murray, Major Henry A., 64 Plymton Street, Cambridge, Mass.
Murray, Lt.-Col. John M. (M.C.), 82 Marlborough Street.
Pavenstedt, Dr. Eleanor, 273 Beacon Street.
Putnam, Dr. Marian C., 37 Marlborough Street (*Vice-President*).
Rank, Mrs. Beata, 38 Beacon Street.
Rosenheim, Capt. Frederick (M.C.), 38 Beacon Street.
Sachs, Dr. Hanns, 168 Marlborough Street.
Tartakoff, Dr. Helen, 9 Concord Avenue, Cambridge, Mass.
Taylor, Dr. John H., 37 Marlborough Street (*Secretary*).
Waelder, Dr. Robert, 2100 Walnut Street, Philadelphia, Penn.
Wilbur, Dr. George B., South Dennis, Mass.
Young, Dr. David, 715 Boston Building, 9 Exchange Place, Salt Lake City, Utah.
Young, Dr. Robert A., 21 Washington Avenue, Cambridge, Mass.

Associate Member

Gardner, Lt.-Comdr. George E. (M.C.), U.S.N.R., Receiving Station, Building 663, Philadelphia' Penn.

Chicago Psychoanalytic Society

Honorary Members

Ross, Miss Helen, 43 East Ohio Street.
Stern, Mr. Alfred K., 30 Rockefeller Plaza, New York.

Members

Alexander, Dr. Franz, 43 East Ohio Street.
Bacon, Dr. Catherine, 43 East Ohio Street.
Benedek, Dr. Therese, 43 East Ohio Street.
Blitzsten, Dr. N. Lionel, 20 East Cedar Street.
Bollmeier, Dr. Ludolf N., 331 Thompson Bldg., Hot Springs, Ark.
Carmichael, Dr. Hugh T., 30 North Michigan Avenue.
Eisler, Dr. Edwin R., 43 East Ohio Street.
Eissler, Lt. Kurt R. (M.C.), 5048 Woodlawn Avenue.
French, Dr. Thomas M., 43 East Ohio Street.
Fuerst, Dr. Rudolf, 43 East Ohio Street.
Gerard, Dr. Margaret W., 43 East Ohio Street (*President*).
Gitelson, Dr. Maxwell, Michael Reese Hospital (*Secretary-Treasurer*).
Grinker, Lt.-Colonel Roy R. (M.C.), 30 North Michigan Avenue.
Grotjahn, Captain Martin (M.C.), 43 East Ohio Street.
Hamill, Dr. Ralph C., 8 South Michigan Avenue.
Kamm, Capt. Bernard A. (M.C.), 43 East Ohio Street.
Kramer, Capt. Paul (M.C.), 43 East Ohio Street.
Levey, Dr. Harry B., 43 East Ohio Street.
Levine, Dr. Maurice, 1029 Provident Bank Building, Cincinnati 2, Ohio.
Lippman, Dr. Hyman, 279 Rice Street, St. Paul, Minnesota.
McLean, Dr. Helen V., 43 East Ohio Street.
Masserman, Dr. Jules H., University of Chicago Clinics, 950 East 59th Street.
Meyer, Dr. Albrecht, 43 East Ohio Street.
Miller, Major Milton L. (M.C.), 43 East Ohio Street.
Moellenhoff, Dr. Fritz, 43 East Ohio Street.
Mohr, Dr. George J., 43 East Ohio Street.
Saul, Lt.-Commander Leon J. (M.C.), U.S.N.R., 43 East Ohio Street.
Slight, Dr. David, 950 East 59th Street.
Sylvester, Dr. Emmy, 2839 Ellis Avenue.
Szurek, Lt. S. A. (M.C.), U.S.N.R., 4852 South Kolin.

Tower, Dr. Lucia E., 43 East Ohio Street.
van der Heide, Capt. Carel (M.C.), 43 East Ohio Street.
Weiss, Dr. Edoardo, 43 East Ohio Street.
Wilson, Dr. George W., 30 N. Michigan Avenue (*Vice-President*).

Associate Members

Benjamin, Dr. John, R.F.D. No. 2, Golden, Colorado.
Brosin, Lt.-Col. Henry W. (M.C.), Hdq. Third Service Command, Baltimore 2, Md.
Johnson, Dr. Adelaide McFadyen, 43 East Ohio Street.
Levy, Major Norman A. (M.C.), 30 North Michigan Avenue.
Steinfeld, Dr. Julius, The Forest Sanitarium, Des Plaines, Illinois.

Non-Therapeutic Affiliate Member

McMurry, Robert N., Ph.D.

Detroit Psychoanalytic Society

Honorary Member

Freud, Miss Anna, 20 Maresfield Gardens, London, N.W.3.

Members

August, Major Harry (M.C.), 26081 Hendrie Blvd., Huntington Woods, Michigan.
Bartemeier, Dr. Leo H., 8-259 General Motors Building (*President*).
Dorsey, Dr. John M., 1242 Maccabees Building (*Secretary*).
Finlayson, Dr. Alan D., 10515 Carnegie Avenue, Cleveland, Ohio.
Happel, Dr. Clara, 108 East 81st Street, New York City.
Moloney, Lt.-Commander J. Clark (M.C.), U.S.N.R., 960 Fisher Building.
Ratliff, Dr. Thomas A., 311 Pike Street, Cincinnati, Ohio.
Redl, Dr. Fritz, 17673 Manderson Drive.
Reye, Dr. Henry A., 10 Peterboro Street (*Vice-President*).
Schwartz, Lt.-Commander Louis A. (M.C.), U.S.N.R., 1079 Fisher Building.
Sterba, Mrs. Editha, Ph.D., 861 Whittier Boulevard.
Sterba, Dr. Richard, 861 Whittier Boulevard.
Tufford, Dr. Norman G., 214 David Whitney Building.
Ulrich, Dr. Carl F., 1615 Hazel Drive, Cleveland 6, Ohio (*Treasurer*).

Associate Members

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Froelicher, Dr. Emil, The Haven Sanitarium, Rochester, Michigan.
Leach, Captain David (M.C.), 9514 West Outer Drive.
Stanton, Dr. James, 1001 Stroh Building.
Wolfe, Dr. Max O., 7-260 General Motors Building.

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Oberholzer, Dr. Emil, 1112 Park Avenue, New York City.
Roheim, Geza, Ph.D., 1 West 85th Street, New York City.

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Fries, Dr. Margaret E., 21 West 86th Street.
Frumkes, Lt.-Col. George (M.C.), Oliver General Hospital, Augusta, Ga.
Glauber, Dr. I. P., 829 Park Avenue
Glueck, Dr. Bernard, Stony Lodge, P.O. Box 190, Ossining-on-Hudson, New York.
Goolker, Dr. P., 100 East 94th Street.
Gosselin, Lt.-Com. Raymond (M.C.), U.S.N.R., 27 Detrot Avenue, Troy, New York.

Greenacre, Dr. Phyllis, 970 Park Avenue.
Gwin, Dr. Alva, 84 Willett Street, Albany, New York.
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Slutsky, Dr. Albert, 3401 Wilshire Blvd., Los Angeles, California.
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Bernfeld, Dr. Siegfried, 2825 Pierce Street, San Francisco.
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Sanford, Dr. Robert Nevitt, Arch and Vine Streets, Berkeley, Calif.

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Jarvis, Dr. Marjorie, Chestnut Lodge Sanitarium, Rockville, Maryland.
Lewis, Dr. Nolan D. C., 722 West 168th Street, New York City, N.Y.
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Reede, Dr. Edward Hiram, 1029 Vermont Avenue, N.W., Washington, D.C.
Silverberg, Dr. William V., 315 Central Park West, New York City, N.Y.
Stoughton, Dr. Amanda L., 1129 Vermont Avenue, N.W., Washington, D.C.
Stragnell, Dr. Gregory, 86 Orange Street, Bloomfield, New Jersey.
Taneyhill, Dr. G. Lane, 1316 Eutaw Place, Baltimore, Maryland.
Waelder-Hall, Dr. Jenny, 7001 Fairfax Road, Bethesda, Maryland.
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Dunn, Dr. Miriam F., 2032 Belmont Road, Apt. 515, N.W., Washington, D.C.
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Fairbairn, Dr. W. R. D., 21 Grosvenor Crescent, Edinburgh, 12.
Foulkes, Major S. H., R.A.M.C., Military Psychiatric Hospital, Northfield, Birmingham.
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Gross, Dr. Alfred, 2 St. Peter's Square, Manchester 2.
Haas, Dr. Erich, 77 Hagley Road, Birmingham 16.
Hardcastle, Dr. D. N., 48 Warwick Road, Bishop's Stortford, Herts.
Heimann, Dr. Paula, 32 Eamont Court, Eamont Street, N.W.8.
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Hoffer, Dr. W., 21 Grove End Road, N.W.8.
Isaacs, Mrs. Susan, 30A Primrose Hill Road, N.W.3.
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Rosenberg, Major Elizabeth, R.A.M.C., Bellsdyke Military Hospital, Larbert, Stirlingshire.
Rosenfeld, Mrs. Eva M., 103 Elm Tree Road Mansions, N.W.8.
Ruben, Mrs. Margarete, 13 Netherhall Gardens, N.W.3.
Sachs, Dr. Wulf, 79–80, Lister Buildings, Box 2906, Johannesburg, S. Africa.
Schmideberg, Dr. Melitta, 199 Gloucester Place, N.W.1.
Schmideberg, Mr. Walter, 199 Gloucester Place, N.W.1.
Scott, Dr. W. C. M., Whitchurch Emergency Hospital, Cardiff.
Sharpe, Miss E. F., 3 Devonshire Place, W.1.
Sheehan-Dare, Miss Helen, 44 Queen Anne Street, W.1.
Stengel, Dr. Erwin, Crichton Royal, Dumfries, Scotland.
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Stoddart, Dr. W. H. B., 217 Bickenhall Mansions, W.1.
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Strachey, Mr. James, Lord's Wood, Marlow, Bucks.
Tansley, Prof. A. G., Grantchester, Cambridge.
Thorner, Major H. A., R.A.M.C., Military Hospital, Shenley, nr. St. Albans, Herts.
Usher, Dr. Ruth D., 138 Bickenhall Mansions, W.1 (*Business Secretary*).
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Witt, Dr. Gerhard, 200 West 15th Street, New York City, U.S.A.
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Yates, Dr. S., Netherne Hospital, Coulsdon, Surrey.

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Brunner, Dr. M., 18 Bartha Miklos Ut, Cluj, Rumania.
Burke, Major Mark, R.A.M.C., c/o 96 Gloucester Place, W.1.
Cooke, Miss Barbara, 1 Brae Side, Blackburn, Lancs.
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Debenham, Dr. G., 22 Christchurch Park, Sutton, Surrey.
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Hopkins, Dr. Pryns, 1900 Garden Street, Santa Barbara, California, U.S.A.
Hughes, Dr. Muriel, Bitterne, Spath Road, Didsbury, Manchester 20.
Inman, Dr. W., 22 Clarendon Road, Southsea, Hants.
Lewinsky, Mrs. Hilde, 14 Queen's Court, Palatine Road, Didsbury, Manchester.
Lewis, Miss M. G., 60 The Espanade, Burnham-on-Sea, Somerset.
Lewis, Dr. J. Strafford, St. Bernard's Hospital, Southall, Middlesex.
Little, Dr. Margaret, 12 Allington Road, Hendon, N.W.4.
Maas, Dr. Hilde, 31 Hanover Gate Mansions, Park Road, N.W.1.
Mannheim, Mrs. Julia, 5 The Park, Golders Green, N.W.11.
Money-Kyrle, Squadron-Leader R., 51 Queen's Gate Gardens, S.W.7.
Pailthorpe, Dr. G. W., 2539 Durant Avenue, Berkeley, California, U.S.A.
Penrose, Dr. L. S., 1000 Wellington Street, London, Ontario.
Pratt, Dr. John, 30 Spring Street, W.2.
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Schwarz, Miss Elisabeth, 18 Farndon Road, Oxford.
Schwarz, Miss Hedwig, 21 Nottingham Place, W.1.
Stross, Dr. Josefine, 145 West End Lane, N.W.6.
Taylor, Dr. James M., 44 Queen Anne Street, W.1.
Thomas, Dr. Rees, Board of Control, Clifton Hotel, St. Annes-on-Sea, Lancs.
Winn, Dr. R. C., 143 Macquarrie Street, Sydney, New South Wales.
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Dr. Nils Nielsen resigned from the Society in May, 1944.

The Swedish Psycho-Analytic Society has accepted a few permanent guests, viz. two specialists for nervous diseases, Dr. Gösta Harding and Dr. Gerard Odencrantz, as well as Lector Tore Ekman, who in the past was a member of the Society and later worked in Berlin, and Mr. Ralph Fidler, who studied psycho-analysis and is working in Stockholm as a psychologist.

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